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| **Course 1**  15th February 2021  Oxygen & Nebuliser | **Course 2**  18th February 2021  Syringe Driver | **Course 3**  23rd February 2021  Verification of Death |

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| **Name of Nursing/Care Home** |  | | | | |
| **Booking form for Clinical Skills for Nurses, Managers, Deputy Managers and Senior Care Workers** | | | | | |
| **Name of attendee[s]** | **Course and Date** | **Learner’s Email Address** | **Learner’s home address & postcode** | **Learners MOBILE number** | **Learner’s job role** |
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| **Care Home Manager’s SIGNATURE** |  | | **Date** |  | |

The Training provider (Medex Group) Require the learner’s home address so they can send workbooks and paperwork directly to each learner and the learner’s email address & mobile number so they can send each learner an invite to join the training via Microsoft teams. Without this information, we will be unable to book your place.   
By returning this booking form you are giving consent to LinCA WFD and Medex Group to use the learner’s details for the benefit of the training course only.   
**Return to:** [**daniellebradford@linca.org.uk**](mailto:daniellebradford@linca.org.uk)

The Training provider (Medex Group) require the learner’s NI number for funding purposes, the learner’s home address so they can send workbooks and paperwork directly to each learner and the learner’s email address so they can send each learner an invite to join the training via Microsoft teams. Without this information, we will be unable to book your place.

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Return to: [**daniellebradford@linca.org.uk**](mailto:daniellebradford@linca.org.uk) **OR post to: LinCA WFD, Greetwell Place, 2 Lime Kiln Way, Greetwell Road, Lincoln, LN2 4US**