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| **Name of Nursing or Care Home** |  | | | | |
| **Booking form for Clinical Skills for Nurses, Managers, Deputy Managers and Senior Care Workers** | | | **Booking form for Nurses, Managers, Deputy Managers and Senior Care Workers** | | |
| **Name of Nurse attendee[s]** | **National Insurance Number** | **Workshop and Dates** | **Name of Nurse attendee[s]** | **National Insurance Number** | **Workshop and Dates** |
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| **Care Home Manager’s SIGNATURE** |  | | **Date** |  | |

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**