

Shared Haemodialysis Care Course Application Form

Please complete all fields and return via
e-mail to tania.barnes@sth.nhs.uk

Delegate Details:

Name:	
Job Title:	
Department/Ward/ Address:	
Preferred Email:	
Work Contact No:	
Home address for posting information :	

Manager details:

Name:	
Email:	
Contact No:	

4 Day Shared Haemodialysis Care Course	Dates Please ensure that you can attend all 4 dates before booking	Tick either course 25 or course 26
Course 25 Days 1-4	Wednesday 17 th February 2016	
	Thursday 3 rd March 2016	
	Thursday 17 th March 2016	
	Wednesday 13 th July 2016	
Course 26 Days 1-4	Wednesday 20 th April 2016	
	Wednesday 4 th May 2016	
	Tuesday 17 th May 2016	
	Wednesday 14 th September 2016	