BAHT Level II Course: Paediatric Hand Therapy

Registration Form

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| Full name (as you would like it to appear on your certificate): |  | |
| Name (as you would like it to appear on your name badge): |  | |
| Profession (OT/PT): |  | |
| BAHT membership number (if applicable, for 10% discount): |  | |
| Contact e-mail address: |  | |
| Contact phone number: |  | |
| Postal address (for course certificate): |  | |
| Payment details: | * I will be paying myself via personal BACS transfer * I require an invoice for my employer & have completed required details below | |
| Invoice details:  (please provide the details which you require on your invoice, they may relate to a finance or training department rather than your own) | Contact name |  |
| Phone number |  |
| e-mail address |  |
| Postal address |  |
| PO/ref no |  |
| Details of eligibility for course (BAHT level I course/experiential): | | |
| Refreshments will be provided during breaks on the course - please let us know here if you have any specific food allergies/dietary requirements so that these can be accommodated:  *NB lunch is not provided on this course in order to minimise course fees, but there are various options on site for delegates to purchase their own.* | | |
| We are happy to make reasonable adjustments for any individuals with physical or learning needs that we are aware of prior to the course. Please use this space to tell us about anything that you would like us to be aware of/accommodate.  NB any requests for additional time in the course examination will need to be accompanied by supporting evidence, such as a learning needs assessment, in order to be accommodated. | | |

e-mail completed form to [hand-ed@outlook.com](mailto:hand-ed@outlook.com)

Upon receipt BACS details for payment of course fees, or invoice to employer will be provided.

If payment is not received in specified time frame place may be cancelled.