**Study Day Registration Form**

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| **COURSE DETAILS** | | | | |
| Name of Study Day | Physics & Radiobiology Teaching for Therapeutic Radiographers | | | |
| Date of Study Day | Monday 22nd – Friday 26th April & Monday 29th April 2024 | | | |
| Study Day Reference No. | PHYS | | Cost of Study Day | £400 |
| **PERSONAL DETAILS** | | | | |
| Name | |  | | |
| Job Title | |  | | |
| Name of your Trust/Organisation | |  | | |
| Address of workplace | |  | | |
| Contact Tel: | |  | | |
| Email Address | |  | | |
| Preferred Name for Certificate | |  | | |
| **PAYMENT (please indicate which payment method you choose)** | | | | |
| **1. Bank Transfer** | | | | |
| ***Please quote the Study Day Reference on any bank transfer followed by your initial and surname (example PHYSJBloggs)***  Account Name: The Clatterbridge Cancer Centre NHSFT  Bank Name: National Westminster Bank PLC  Sort Code: 60-70-80  Account Number: 10010637  IBAN: GB71NWBK60708010010637 | | | | |
| **2. Payment on Invoice** | | | | |
| If your employer is providing funding we will require confirmation from them and a purchase order before your course place is guaranteed. Please send your confirmation and a purchase order to [ccf-tr.clinicaleducation@nhs.net](mailto:ccf-tr.clinicaleducation@nhs.net)  Please note that we cannot invoice on a purchase order number alone, we will require a copy of the actual purchase order. | | | | |
| **3. Payment by Credit Card** | | | | |
| If you wish to pay by Credit Card, please call Clatterbridge Cancer Centre Cash Office on 0151 556 5969 with your credit card details between the hours of 10:00 and 16:00 Monday to Friday. | | | | |
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**Please complete and return this form to:** [carla.coxon@nhs.net](mailto:carla.coxon@nhs.net)

On receipt of registration form and payment, confirmation of registration will be sent to you via email