

City Health Training Booking Form

By completing this form you are agreeing to City Health Care Partnership CIC's terms and conditions as detailed on our website.

Please complete this booking form providing all of the information requested and return it to us:

By email: CHCP.CityHealthTraining@nhs.net

By Post: City Health Training, City Health Care Partnership CIC, Business Support Centre,
5 Beacon Way, Hull, HU3 4AE

Organisation Details

Company name (GP code if appropriate)	
Invoice address	
Contact name	
Telephone number	
Email address	

Course Details

Title of course	
Date of course	
Delegate name <i>(if different to above)</i>	
Delegate job title	
Delegate email address <i>(if different to above)</i>	

Payment

Course cost		Charity/Voluntary discount applies?
Signature	I have read and agree to City Health Care Partnership's Terms and Conditions.	
Any special requirements		

Office Use only

Booking made	
Confirmation Sent	
Finance	