## Milford Care Centre

### Course Application / Booking Form

Please use a new application form for each participant or for booking more than one course – photocopies of this form are acceptable or download the form from [www.milfordcarecentre.ie](http://www.milfordcarecentre.ie)

Please post this form with your payment to: Education Secretary, Milford Care Centre, Castletroy, Limerick

Tel: +353 61 485841 or +353 61 485863

Email: education@milfordcc.ie

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### YOUR SELECTED COURSE

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Fee (€)</th>
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<tr>
<th>Preferred Date(s) (1)</th>
<th>(2)</th>
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**NOTE**: Please ensure that you can complete your competency requirement in a clinical setting following the clinical skill study day.

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### YOUR PERSONAL INFORMATION – PLEASE USE BLOCK CAPITALS AND WRITE CLEARLY

- **Surname**:
- **Full Title**:
- **First name(s)**:
- **Known as**:  
- **Job Title**:  
- **Organisation**:  
- **Postal Address (for course correspondence)**:

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- **Town**:  
- **County**:  

- **(Mobile) Telephone**:  
- **Fax**:  

**Email**:  

- **Have you completed a course with us previously?** Yes [ ] No [ ]

**What is your profession?**

- Nurse [ ]
- Doctor [ ]
- AHP [ ]
- Social Worker [ ]
- Spiritual Care [ ]
- Bereavement [ ]
- Education [ ]
- Senior Manager [ ]
- Administrator [ ]
- Care Assistant [ ]
- Other [ ] **PLEASE SPECIFY**: [ ]

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**Special needs**: We are a wheelchair accessible facility – please notify the Education Secretary if you have any special needs.

- **How did you hear about this course?** Manager/Colleague [ ]  
- **Education and Learning Directory** [ ]
- **Internet/Website** [ ]

- **Direct contact with Milford** [ ]
- **Facebook** [ ]
- **Other** [ ] **please specify**: [ ]

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Please Turn Over
ADDITIONAL INFORMATION

Which one of the below teaching methods do you feel is the most suitable for you to learn sufficiently? (please tick box)

Classroom attendance ☐ online e-learning course ☐ Mix of online theory component with practical in classroom ☐

BOOKING CONDITIONS

If the applicant is unable to attend the course following payment of the course fee and provides more than 28 days notice, a full refund will be given. If 10-28 days notice of cancellation is given, 50% of the fee will be refunded and where less than 10 days notice is provided of cancellation, course fees will not be refunded.

Your place on the course will be confirmed by EMAIL following receipt of your booking form and fee. Receipts for monies received can be collected on the day of the course.

A restaurant is available on site from 8am to 4pm and you are welcome to use the facility at staff rates when you study with Milford Care Centre.

NB **To save the trees, we send out course materials via email in advance of the programmes where applicable – please check your email in advance of the course and you can decide whether to print off materials in advance. Handouts will not normally be given out on the day but will be available on email.

DATA PROTECTION

In accordance with the Data Protection Act, we are required to inform you that your details will be retained and held on file for administrative purposes by Milford Care Centre. Please be assured that we will not pass this information on to any other organisation unless we have your prior consent. From time to time we may send out flyers or information by email or post. Please tick this box if you WANT to receive this information ☐(you may unsubscribe from receiving information from us at any time)

PARKING

Parking is limited in Milford and we endeavour to ensure that the families and friends of our residents get priority to visit their relatives. Please park in designated areas only.

PAYMENT DETAILS – HOW WOULD YOU LIKE TO PAY?

☐ I WISH TO PAY BY CHEQUE ☐ POSTAL ORDER OR ☐ ELECTRONIC FUND TRANSFER (EFT) - All payments must be received within 10 working days of your application. If payment is not received the place will be reallocated. Please note: For applications submitted within the four weeks prior to the course start date, payment is required within 5 days of submission of an application form in order to reserve a place.

Cheque Payments: Please make cheques payable to Milford Care Centre and put your name and course on the back.

EFT Payments: To facilitate identification please include your NAME and “COURSE NAME” as a payment reference and inform us when completed.

Bank Details - Bank Address: Bank of Ireland, 125, O’Connell Street, Limerick. Account Name: Milford Hospice Account Number: 55652276. Sort Code: 90-43-09. IBAN: IE35 BOFI 9043 1755 6522 76 BIC: BOFIIE2D

☐ PLEASE INVOICE MY ORGANISATION – Please specify the name, address and job title of the person to be invoiced and ask them to sign in this section. Please note a purchase order number, or written authorisation from the person to be invoiced, must be provided in order to issue an invoice and reserve a place.

Name: ____________________________ Phone Number: ____________________________

Address: ____________________________

Job Title: ____________________________ Purchase Order Number: ____________________________

Signature of person to be invoiced: ____________________________ Date: ____________________________

Signature of applicant ____________________________ Date: ____________________________