

COURSE APPLICATION FORM



UK Healthcare Courses Ltd Payment (UK)

ACCOUNT NO: 69082507 SORT CODE: 60-83-71
INTERNATIONAL IBAN: GB56SRLG60837169082507
BIC: SRLGGB2L

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Floor, Suite 23, 63-67 Hatton Gardens Fifth,
London EC1N 8LE, United Kingdom

PERSONAL DETAILS:

First Name: _____ Last Name: _____

Date of Birth: _____

Address: _____

Mobile: _____ Email: _____

EMPLOYER CONTACT DETAILS

Employer's Name: _____ Last Name: _____

Department: _____

Employer's Address: _____

Employer's Telephone: _____

Contact Person: _____

COURSE APPLYING FOR

Programme Title: _____ Date: _____

Mode: Online in person

TERMS AND CONDITIONS:

1. UK Healthcare Courses reserves the right to cancel or re-schedule courses. In the event of cancellation, all pre-paid fees will automatically move towards the next available course.
2. Completed registration form shall be emailed to info@ukhealthcarecourses.co.uk
3. Course fees is non-refundable.
4. The course fees must be clear in full 6 weeks before start date.
5. If participating online, you must not allow any other person to have access to the course.
6. Booking can be made online on our website www.ukhealthcarecourses.co.uk.
7. If paying instalments, please fill the application form and email to: info@ukhealthcarecourses.co.uk and pay first instalment into our bank account.
8. By paying for the course, you accept the terms and conditions
9. Data is collected for the sole use of education purposes by UK Healthcare Courses Ltd.
10. It is your responsibility to follow the course timetable and arrive all classes on time.
11. I confirm that I have read and understood UK Healthcare Courses Ltd Privacy Statement and I, agree with my personal data being processed in accordance with that Statement.

I understand that by selecting this checkbox, I have read and accepted the terms and conditions stated on this form:

Print Full Name: _____ Signature: _____ Date: _____