

WORKSHOP APPLICATION FORM

Please complete the following in BLOCK CAPITALS

Workshop Title: _____

Workshop Date: _____ Workshop Cost: £ _____

Name: _____

Profession: _____

Address: _____

_____ Postcode: _____

Tel no.: _____ Fax no.: _____

E-mail: _____

N.B. No lunch is provided for workshops held at the Warneford Hospital or Ewert House.

For other venues, please confirm your dietary requirements:

vegetarian vegan dairy free wheat/gluten free other

Please enclose a cheque made payable to ***Oxford Health NHS Foundation Trust***, or provide invoicing details below and attach a copy of the official purchase order to this application form before sending to OCTC. Ensure supplier details on PO read: **Oxford Health NHS Foundation Trust, Accounts Payable, Corporate Services, LMHC, Sandford Road, Littlemore, Oxford OX4 4XN** but send to OCTC address at foot of this application form.

We cannot secure your place without an official purchase order and the name of the person authorising this invoice.

Authorising person's name: _____

Full name of Trust / organisation: _____

Invoice address: _____

_____ Postcode: _____

Tel no.: _____ Fax no.: _____

E-mail: _____

Please return this form to **OCTC, Warneford Hospital, OXFORD, OX3 7JX**
Tel 01865 902801; e-mail octc@oxfordhealth.nhs.uk