



### **Booking Form for Havens Education courses**

**Please ensure you have read the information regarding the course before booking, as the length of some courses may be determined by your job role. Please contact us by phone or email (see below) if you have any questions.**

**PLEASE NOTE THAT COURSES ARE HELD FACE TO FACE, HOWEVER REMOTE ACCESS IS AVAILABLE IF REQUIRED**

**PLEASE TICK THE COURSE YOU WISH TO ATTEND:**

Course(s) you would like to attend	Dates
1. Haven Introductory Training Course in Sexual Offences (Full 5 days plus additional separate Courtroom Confidence day)	.....
2. Haven Introductory Training Course in Sexual Offences (First 3 days plus additional half-day FME session for non-examiners)	.....
3. Courtroom Confidence (stand-alone)	.....
4. Paediatric 'Complex Cases' Course	.....

#### **Your details**

Title:..... First Name: ..... Surname: .....

Job Title: ..... GMC / NMC No: .....

Organisation:.....

Contact address: .....

Contact telephone number: .....

Email Address \* : .....

Any special dietary requirements: .....

How did you find out about the course? .....

\*Please provide work email where possible. All correspondence will be sent via email prior to the event.

**If you are booking as a group for a course, please write down additional names, contact details and dietary requirements (including email) on the reverse of this sheet or on separate forms.**

Are you / will you be examining complainants of Sexual Assault?	Yes    No
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Signature:.....  Date: .....
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**Payment details**

You can pay by cheque or ask us to raise an invoice to your organisation.

A cheque is attached for the sum of £.....

(payable to **King's College Hospital NHS Foundation Trust**) or please send an invoice for the sum of £..... to (contact name) .....

Address .....

..... Tel No: .....

# Group booking discount for people applying to go on the same course, on the same date: for 5 or more, 5%, or for 10 or more, 10% (please subtract from the sum above as appropriate).

## If you wish to cancel your attendance one month or less prior to the course, a fee of 20% will be subtracted from your refund. Alternatively, you can arrange to book a date for later on free of charge. Any refund requested within 2 weeks of us receiving this form will also be processed free of charge.

Please return this form to:

**Training, Engagement and Awareness Raising Team**

**The Havens**

**King's College Hospital, Denmark Hill, London, SE5 9RS**

**Tel no: 020 3299 1599    Email: [kch-tr.havenseducation@nhs.net](mailto:kch-tr.havenseducation@nhs.net)**