MLD level I and II course application Form

Personal & Professional Details:

Title: (Mr/Mrs/Miss/Ms/Dr)

Surname: _____ First Name: _____

Address: _____ Date of Birth: _____

_____

_____

_____ Postcode: _____

Telephone No: _____ Mobile No: _____

E-mail Address: _____

Please list any relevant qualifications you have already achieved:

_____

_____

_____

Course / Workshop Fee *(Important – please read)

Please tick the box next to the course you would like to book a place on. Please return to the Hands On Clinic Ltd with the appropriate fees as described in the Terms and Conditions.

Hands On Clinic MLD Courses 2019

Course	√	Date	Location	Course Fees
3- Day MLD Course Level I		22/23/24 February 2019-	Christchurch	$500.00
3- Day MLD Course Level II		05/ 06/07 April 2019	Christchurch	$450.00

Our payment options are shown below. Please indicate which payment option you have chosen by putting a tick in the box next to it.

□ Cheque: please make cheques payable to: The Hands On Clinic Ltd

□ Online / internet banking: bank account details are:
Hands On Clinic Ltd, ANZ, account no 06-0807-0364577-20
Particulars: your name Code: MLD I or II Reference: course date

Terms and conditions of booking:

PAYMENT:
The applicant shall pay the deposit of $100.00 to the Hands On Clinic Ltd to secure their place on the course, which shall be submitted with this completed and signed application Form. The applicant will pay the remaining sum of the course fee to the Hands On Clinic Ltd no later than 7 days prior to the course date.

CANCELLATION:
The Hands On Clinic Ltd may cancel the course at any time up to 7 days prior to the course date. If the Hands On Clinic Ltd cancels the course, then all course fees paid by the applicant will be refunded to them.

The applicant may cancel the course up to 7 days prior to the Course Date. If the applicant cancels the course, then the deposit paid will not be refunded, however, the remaining course fee will not become due. In exceptional circumstances, The Hands On Clinic Ltd will consider, at our discretion a transfer to another course date upon production of written evidence such as a letter from a General Medical Practitioner in cases of illness.

All course materials including manuals and handouts are for the student's sole use and should not be copied or otherwise distributed under our copyright policies.

Please return this complete form and cheque (if appropriate) to:

Th Hands On Clinic Ltd
PO Box 5671
Papanui 8542
Christchurch, New Zealand

Declaration:
I have read the terms and conditions, and hereby submit my application form for the Hands On Clinic Ltd

Signature _____ Date _____