TRAINING COURSE REGISTRATION FORM

Electroconvulsive Therapy (ECT)
Two Day Training Course for Nurses

Thursday 18 & Friday 19 October 2018, The Wesley Euston Hotel & Conference Venue, 81-103 Euston Street London NW1 2EZ

YOUR NAME/WORKPLACE ORGANISATION/WORKPLACE TOWN WILL BE PUBLISHED IN THE CONFERENCE MATERIALS I.E. DELEGATE LISTS/BADGE.
IF YOU ARE SATISFIED FOR THIS INFORMATION TO BE PUBLISHED PLEASE TICK HERE: ❒
IF YOU WISH SOME OF THIS INFORMATION TO BE WITHHELD, PLEASE TICK HERE AND SET OUT BELOW WHAT YOU CONSENT TO BE PUBLISHED ❒

PERSONAL INFORMATION

MEMBERSHIP NUMBER (IF APPLICABLE)_____ or DATE OF BIRTH _____

TITLE _____ FIRST NAME _____ SURNAME _____

PLACE OF WORK & LOCATION _____

MAILING ADDRESS_____

TOWN _____ POST CODE _____ COUNTRY _____

EMAIL _____ TEL (DAYTIME) _____

VEGETARIAN YES / NO SPECIAL DIETS _____ SPECIAL REQUIREMENTS _____

COURSE FEE (PLEASE TICK ONE):

ECTAS member clinics: £120 per 2 day course ❒
Non ECTAS member clinics/Non registered staff (HCA, HCSW): £220 per 2 day course ❒

PAYMENT: THE COLLEGE IS UNABLE TO INVOICE FOR REGISTRATION FEES.

Places can only be reserved when payment is received with this form. If an authority is to pay, the delegate should either pay and then claim reimbursement from the authority or enclose payment from their authority.

☐ **Cheque:** I enclose a cheque / postal order for £ .....
Please make payable to 'The Royal College of Psychiatrists' quoting reference ECTNUR18 and the name of the delegate on reverse

☐ **BACS:** I enclose remittance advice form for £ ..... *Bank details below.*
Please note that places can only be reserved when remittance is received with this form. Please use the reference 'ECTNURF1A0037300'
Account name: The Royal College of Psychiatrists **Account number:** 40201340 **Sort Code:** 20-06-05
IBAN: GB31 BARC 2006 0540 2013 40 **Swift Code:** BARCGB22

☐ **Credit/debit card:** Once you have filled out and returned this form please call 0203 701 2622 to make your payment by card. Alternatively, if you leave a telephone number on page 1 of this form we will call this number to request payment.

DATA PROTECTION STATEMENT
The College's Data Protection Statement can be viewed at http://www.rcpsych.ac.uk/dataprotection

Please complete and return your registration form with your payment to:

Virali Shah
Centre for Advanced Learning and Conferences (CALC)
RCPsych
21 Prescot Street, London E1 8BB
Tel: 0203 701 2622
Fax: 0203 701 2761
virali.shah@rcpsych.ac.uk

CONFIRMATION OF REGISTRATION: All registrations will be confirmed in writing. **Applicants are advised not to book travel/accommodation until written confirmation from The Royal College of Psychiatrists (RCPsych) has been received.** The RCPsych reserve the right to change the programme without prior notice. Where for any reason beyond its reasonable control, the RCPsych cancels an event, the liability of the RCPsych shall be limited to a refund of the fee payable to the RCPsych for that particular event.

CANCELLATIONS/SUBSTITUTIONS: To be entitled to a refund all cancellations MUST be received in writing no later than 2 weeks prior to the event date. An 80% refund will be given if cancelled more than 4 weeks prior to the event and 50% refund if less than 4 weeks' notice is given. No refund will be given if cancellations are received within 2 weeks before the event. Should you be unable to attend, a substitute delegate is welcomed.