Standalone Course Application Form
Distance Learning Courses

Please return your completed forms to: **scn-tr.PDDLC@nhs.net**

Which course are you applying for?

If you are applying for the ADHD course, which study day would you like to attend?
(Available dates can be found on the course website)

1: Your personal and contact details

Title		Family Name	
Forename			
Other name(s)			
Gender		Previous surname	
Address	Home		Work
Postcode			
Country			
Preferred email address			
Preferred telephone number			

2: Current Role

3: Further information in support of application

Please briefly tell us why you have applied for the course

4: Course Fee

Who will be paying the fee?	

(If the fee is being paid by your current employer please supply "payable to" details and PO number if required)

Are you a BACD Member?	

If yes, please provide membership number

5: Where did you find out about the course?

6: Equal opportunities

Do you have any disabilities or support needs we should be made aware of?

7: Declaration

I confirm that, to the best of my knowledge, the information given in this form is true, complete and accurate and no other information has been omitted.

Applicant's signature		Date	