Resilience-based Clinical Supervision: Champion and Cascade Programme

February- April 2025

REGISTRATION FORM

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| **PARTICIPANT** First name:  | Last name: |
| **Job Title:**  | **Organisation:**  |
| **Postal address to send programme materials to:**  | **Email and phone number:** |
| **Programme dates:**1. 09.30-12.30 **21st February,**
2. 09.30- 12.30 **28th February**
3. 09.30- 11.30 **14th March**
4. 09.30-11.30 **21st March**
5. 09.30-12.30 **4th April**

**Cost of programme £475 per person** |
| **PAYMENT DETAILS** |
| **SELF-PAYMENT**If you require an invoice please provide email address: | **EMPLOYER PAYMENT**Please complete in full to avoid delay in confirming your place **Speak to your employer’s finance office if you are unsure who will handle your payment** |
| We prefer payment by bank transfer/internet banking. Please use the following details and include your name (as above) as the reference:**UK PAYMENTS:**ACCOUNT: THE FOUNDATION OF NURSING STUDIESSORT CODE: 40-01-13 (HSBC)ACCOUNT NO: 31621556(We do accept cheques, payable to ‘The Foundation of Nursing Studies’ and sent to the address below.)**INTERNATIONAL PAYMENTS:** IBAN: GB59HBUK40011331621556 BIC: HBUKGB4105K | NAME OF EMPLOYING ORGANISATION: |
| PERSON AUTHORISING EXPENDITURE |
| PURCHASE ORDER NO:(or provide a statement confirming no purchase order is needed by your organisation) |
| **SIGNATURE**This form must be signed by the participant or authorised person before the registration will be accepted. NAME: SIGNATURE: DATE:Send completed forms and cheques to:**THE FOUNDATION OF NURSING STUDIES, 11-13 CAVENDISH SQUARE, LONDON, W1G 0AN****EMAIL:** **rbcs@fons.or****g** | NAME/ORGANISATION TO APPEAR ON INVOICE: HOW SHOULD INVOICE BE SENT:(Please provide name, address, email or online portal details, as appropriate) |