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| UNOFFICAL DOCCMED COURSE  APPLICATION FORM | | |
| pLEASE COMPLETE THIS FORM AND SEND BACK TO: drclaretld@gmail.com  **Registration closes: 1st September 2020**  PLEASE SEND PAYMENT TO:  **DR CLARE LTD**  **Sort code: 40 33 33, A/C: 32486601**  **Please use reference: DOCCMED COURSE**  YOU WILL RECEIVE EMAIL CONFIRMATION OF SUCCESSFUL ENROLMENT. | | |
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| Name: | | |
| Address: | | |
| Phone #:  Email:  Job title:  Place of work: |  | |
| Dietary requirements:  ⬜ Vegetarian  ⬜ Vegan  ⬜ Gluten Free  ⬜Lactose Free  ⬜ Other (please describe) |  | |
| How did you hear about this course?..................................................................................................................... | | |
|  | | |
| Name: | | Date: |
| (PLEASE PRINT) | | |
| Signature: | | |