BOOKING FORM

Chesterfield Royal Hospital NHS Foundation Trust | Derbyshire County Council – Improving life for local people | University Hospitals of Derby and Burton NHS Foundation Trust

DCCNT - Derbyshire Children's Community Nursing Training Team

Booking form for an individual application to attend scheduled training

Please complete ALL sections and use a separate form for each person attending. Not completing the form may delay your application. This information will be stored on a database

Once your booking form has been received, you will be emailed a detailed letter confirming your place or you will be contacted to arrange an alternative date if the one you want is full. If you wish to check availability, please call 01246 514511.

Contact Information

First name

Last name

Job Title

Organisation Name and Address

Phone number

Email address

Emergency Contact Number

Please specify any additional needs or contact the training team to discuss eg. wheel chair access, hearing impairment etc.

Manager Name

Please indicate which category your organisation falls into N.B.

(Some categories are not funded)

- ◯ Local Authority Maintained Schools/Nursery
- ◯ Local Authority Education Transport
- ◯ Local Authority Maintained Children's Homes
- ◯ Local Authority Residential Homes
- ◯ Local Authority Maintained/Education Play Scheme
- ◯ Academy (OPTED IN to DCC H&S Policies)
- ◯ Academy (OPTED OUT of DCC H&S Policies)
- ◯ All NHS Providers
- ◯ Local Authority Home Care
- ◯ Local Authority Play Group
- ◯ Private Home Care
- ◯ Private Nursery
- ◯ Charity
- ◯ Foster Carer
- ◯ Other

Child Details

Name of Child in your care:

Child's GP

GP Surgery

Does the child have an EHCP (Education Health Care Plan)? ◯ Yes ◯ No

Course Details

Course Title

Course Location

Course Date

Start Time

Your needs from this training

- [ ] Are you attending for awareness of the subject only? If so, tick this box and move to the payment section below
- [ ] Are you attending because you need to be 'signed off' as competent in a procedure? If yes, tick this box and complete as much information as possible, taking note of what you will need to bring to the training session

Tick any appropriate box relevant to the training you need

- [ ] Gastrostomy Fed
- [ ] Nasogastric Fed
- [ ] Pump Fed
- [ ] Emergency Medication (epilepsy)
- [ ] Rectal Diazepam
- [ ] Paradehyde
- [ ] VNS

Important information - What to bring to the session -

= Course confirmation letter and course notes (this will be emailed to the address given on this form)
= For Epilepsy Medication - up to date signed authorisation form from the consultant/epilepsy specialist nurse for the child you are caring for. Failure to bring it will result in NOT being signed off as competent.
= For Enteral feeding, Respiratory or Tracheostomy training, you will need to arrange for a nurse to assess your competency following the training session. Please note below any future dates you have available to help us plan visits to your setting.

Are you paying for the course?

- ◯ No - Please sign the bottom of this completed form and return
- ◯ Yes - Please supply ALL the following information below before returning the form. If your setting is not set up to receive invoices from CRHFT you will need to complete Form 2 overleaf. As soon as it has been received your booking will be processed

Amount to be invoiced

Invoice Contact Name

Invoicing Address

Post Code

Contact Telephone Number

VAT no (if have one)

Company Reg Number (if have one)

Authorising Signature of Manager

Terms of Booking

Persons who have been allocated a training place but who do not attend for training will be invoiced £50. This is to cover the cost of administration and delivery of additional training places to cover losses due to non-attendance.
An exception to this will be made only where:
- 2 working days notice of non-attendance has been given (which will allow time to re-allocate the place)
- Unforeseen illness, operations or personal emergency which is verified by a line manager (genuine unavoidable absence)

By signing this form you are agreeing to these terms of booking.

FORM 2

Please complete this form if you have never been invoiced by us and return it with your booking form. As soon as we received the completed form we will process your booking. Thank you

Chesterfield Royal Hospital NHS
NHS Foundation Trust

For attention of: _____

Company: _____

Fax No: _____

Date: _____

CUSTOMER DETAILS REQUIRED ****URGENT****

Dear Customer,

We have documentation waiting to be actioned with yourselves, however, as a new customer we require the following information. I would therefore be grateful if you could complete the form below and return immediately.

Thanking you in anticipation.

Derbyshire Children's Community Training Team

INVOICING ADDRESS		REMINDER / STATEMENT ADDRESS	
Company Name:		**Company Name:**	
ORG code (NHS body)			
Co. Reg No:		**Co. Reg No:**	
VAT No:		**VAT No:**	
Address:		**Address:**	
Post Code:		**Post Code:**	
Telephone Number:		**Telephone Number:**	
Fax Number:		**Fax Number:**	
Email Address:		**Email Address:**	
Contact Name		**Contact Name**	
Signed:		**Signed:**	
Position:		**Position:**	
Date:		**Date:**	

Return : FAO Amanda Young , DCCNT Team

Chesterfield Royal Hospital, NHS Foundation Trust
Calow, Chesterfield, Derbyshire. S44 5BL

Email: DCCNT.inbox@nhs.net

Any queries, please call
Amanda Young on 01246 514511

Customer Number:		**Customer Group:**	
Invoice Type:		**Customer Prefix:**	
Requested by:		Actioned by:	
Date:		Date:	