**Registration Form**

**Evidence-Based Practical Application for the Treatment of Cerebral Palsy**

**Three-day practical course for Physiotherapists and Occupational Therapists**

**7 – 9 April 2025**

**A confirmation email including invoice for payment will be sent to confirm your place on receipt of this form**

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| --- | --- |
| First Name: | *Please add details here* |
| Last Name: | *Please add details here* |
| Email Address: | *Please add details here* |
| Mobile No: | *Please add details here* |
| Job Title and Place of Work: | *Please add details here* |
| Are you DBS checked: | *Yes/No* |
| Are you GDPR compliant? | *Yes/No* |
| Are you HCPC registered (qualified staff only)? | *Yes/No* |
| Are you aware of the current safety issues relating to “moving and handling” have a working knowledge of the current legislation and understand the need for personal risk assessment? | *Yes/No* |
| Have you read the terms and conditions for booking this event?  See www.cpkids-physio.co.uk/terms-and-conditions | *Yes/No* |
| Do you give consent to be contacted about forthcoming training events? Please see privacy policy about how we deal with your personal information at [www.cpkids-physio.co.uk/privacy-policy](http://www.cpkids-physio.co.uk/privacy-policy) | *Yes/No* |
| **PAYMENT INFORMATION** | |
| LBR funded placed authorised via local workforce lead | *Yes/No* |
| BACs transfer. Please contact: [hello@iret.uk](mailto:pmchritmas@googlemail.com) for bank details | *Yes/No*  *If answered yes, payment details will be issued for BACs transfer* |
| Invoice – please supply invoice address and purchase order number below. | *Yes/No* |
| Invoice Address: | *Please add details here* |
| Purchase Order: | *Please add details here* |
| Please advise us by email of any special access, dietary requirements or support needs for this event. | *Please add details here* |
| For further information about training or to submit additional information please contact us by email | *Please add details here* |

**Evidence-**