**North West HCC Education Booking Form**

**Name:**

**Profession:**

**Email:**

**Contact number:**

**Organisation:**

**Department:**

|  |  |  |
| --- | --- | --- |
| Acute Medicine Unit | Haematology Outpatient Department including Day Units | Nurse Cascade Trainer |
| Emergency Department | Orthopaedic Department | Surgical Ward |
| Eye Department | Other services | University |
| Haematology Inpatient Department |  |  |

**Subject:**

Sickle Cell Disease

Thalassemia and Rare Inherited Anaemias

**Method of delivery:**

Online

Face to Face

**Estimate number of attendees:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Level of current knowledge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Monday** | | **Tuesday** | | **Wednesday** | | **Thursday** | | **Friday** | |
| AM |  | AM |  | AM |  | AM |  | AM |  |
| PM |  | PM |  | PM |  | PM |  | PM |  |

I have read and agreed to the conditions and acknowledge that failure to provide the information and resources required will delay provision of training.

Email completed form to [mft.haemoglobinopathy@nhs.net](mailto:mft.haemoglobinopathy@nhs.net)