**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