



Application Form

Sleep Scotland Paediatric Sleep Study Day

Course details

Course location		Course dates	
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Personal details

Name		Title	
Profession/ Post			
Workplace Address			
Postcode			
Home Tel No		Work Tel No	
Fax No		Mobile Tel No	
Email			

1. Briefly describe your experience of working with children and young people

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2. What are your reasons for wanting to undertake this course?

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3. What is the age range of the children and young people who you work with? e.g. 0-5,0-18

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4. Do you have any special requirements for participation on this course? e.g. dietary or mobility restrictions.

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Date		Signature	
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INVOICE REQUEST FORM

SLEEP SCOTLAND PAEDIATRIC SLEEP STUDY DAY

Course fee:

- £150 – Consultant/GP
 £75 – AHP/Nurse

Name of participant	
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Please send an invoice to:

Name		P.O number	
Department			
Organisation			
Address			
Post code			

Date		Signature	
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Return this form (with your completed application form) to

Sleep Scotland
8 Hope Park Square
EDINBURGH
EH8 9NW

Telephone 0131 651 1392
Facsimile 0131 651 1391

**We require a remittance advice for all payments.
Failure to comply**

Please note the full fee for the course will be levied for anyone who has a confirmed booking and who cancels within one month prior to the course date