

MkM Healthcare Consultancy

Application & Booking Form

Please complete this form if you wish to book for any training including all e-learning programmes. If you are booking for more than one course please use separate forms. Please note all our training is delivered at 454-458 Chiswick High Road, First Floor, London, W4 5TT

Name	
Address	
Telephone number	
Email	

Course applied for		
Course Date(s)		
Mentors Name (if applicable)		Mentors Address
Payment Method (please tick)	<input type="checkbox"/> Cheque (made payable to MkM Healthcare Limited) <input type="checkbox"/> BACs Transfer Santander Business Bank A/c 43734785 S/C 09-06-66 Terms & Conditions: 4 weeks' notice full refund will be given, 2 weeks' notice 50% will be refunded, less than 2 weeks no refund will be given	

Please return form with payment to Manjit Mair, MkM Healthcare, 454-458 Chiswick High Road, London, W4 5TT (please note your place will only be confirmed when payment has been received) or **fax to 020 8747 2159**