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**Dysphagia Training Programme**

**Adult Acquired Dysphagia**

**Theory Week 10th November – 14th November 2025**

**Registration Form (By completing this form you are financially committed)**

**5 day course - £580**

**Please complete ALL sections of this application form in block capitals**

**Name (as you would like it to appear on the certificate):**

**Address:**

**Telephone contact:**

**Email contact:**

**Place of work:**

**Payment details**

A receipt will be issued for all payments.

***An invoice will be raised through our finance department on receipt of this registration forms with payment options including; cheque, direct payment. This amount will be required to be paid prior to acceptance onto the course***

**Organisation to be Invoiced:**

Contact Name:

Address:

Telephone Number: Email Address:

Signed: Date:

PLEASE ADVISE THE PROVIDER THAT THEY WILL SUBSEQUENTLY RECEIVE A PURCHASE ORDER NUMBER FOR THE APPROVED FUNDING, AND THIS SHOULD BE QUOTED ON ALL CORRESPONDENCE, INCLUDING THE INVOICE, TO AVOID DELAYS WITH PAYMENT.

**Please note our cancellation policy:** More than 3 weeks before the course a 10 per cent charge will be made for administration purposes. 2 weeks before course, 50 per cent will be deducted for administration purposes. Less than 2 weeks before course no refund will be given.

**PLACES WILL BE CONFIRMED ONCE PAYMENT IS RECEIVED**

**Please send the form to Annie Byrne-Stevens, Clinical Lead Speech and Language Therapist, Whittington Hospital, at speechtherapy.whitthealth@nhs.net**