Facilitating the development of person-centred cultures

A RESIDENTIAL PROGRAMME HOSTED BY THE FOUNDATION OF NURSING STUDIES

28 April – 2 May 2025

REGISTRATION FORM

The venue for the residential programme is **Sedgebrook Hall, Pitsford Road, Chapel Brampton, Northampton, NN6 8BD**.

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| **PARTICIPANT** First name: Last name: |
| **JOB TITLE:** | **ORGANISATION:** |
| **ADDRESS:** | **TELEPHONE:** **EMAIL:** |

Please tick:

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| **FIVE-DAY RESIDENTIAL PROGRAMME (with ensuite bathroom)** (£2,050 per person) |  |
| **12-MONTH POST-PROGRAMME MENTORSHIP** (£1250 per person - Group discounts may apply to two or more participants from same location/organisation: contact FoNS for details) |  |

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| **SPECIAL REQUIREMENTS** |
| Please state any dietary requirements: | Please state any other requirements: |

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| **PAYMENT DETAILS** |
| **SELF-PAYMENT**If you require an invoice please provide email address: | **EMPLOYER PAYMENT**Please complete in full to avoid delay in confirming your place **Speak to your employer’s finance office if you are unsure who will handle your payment** |
| We prefer payment by bank transfer/internet banking. Please use the following details and include your name (as above) as the reference:**UK PAYMENTS:**ACCOUNT: THE FOUNDATION OF NURSING STUDIESSORT CODE: 40-01-13 (HSBC)ACCOUNT NO: 31621556(We do accept cheques, payable to ‘The Foundation of Nursing Studies’ and sent to the address below.)**INTERNATIONAL PAYMENTS:** IBAN: GB59HBUK40011331621556 BIC: HBUKGB4105K | NAME OF EMPLOYING ORGANISATION: |
| PERSON AUTHORISING EXPENDITUREName: Job title:Email: |
| PURCHASE ORDER NO:(or provide a statement confirming no purchase order is needed by your organisation) |
| **SIGNATURE**This form must be signed by the participant or authorised person before the registration will be accepted. By signing you are accepting the terms and conditions on page 4 of the brochure.NAME: SIGNATURE: DATE:Send completed forms and cheques to:**THE FOUNDATION OF NURSING STUDIES, 11-13 CAVENDISH SQUARE, LONDON, W1G 0AN****EMAIL:** **admin@fons.org** | NAME/ORGANISATION TO APPEAR ON INVOICE: ADDRESS TO APPEAR ON INVOICE:HOW SHOULD INVOICE BE SENT:(Please provide name, address, email or online portal details, as appropriate) |