A blue and white logo

Description automatically generatedResilience-based Clinical Supervision: Champion and Cascade Programme

11th September 2025

REGISTRATION FORM

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| **PARTICIPANT** First name: | Last name: |
| **Job Title:** | **Organisation:** |
| **Postal address to send programme materials to:** | **Email and phone number:** |
| **Session 1: Thursday 11 September 09:30-12:30**  **Session 2: Thursday 18 September 09:30-12:30**  **Session 3: Thursday 02 October 09:30-12:30**  **Session 4: Thursday 30 October 09:30-11:30**  **Session 5: Thursday 27 November 09:30-11:30**  **Cost of programme £575 per person** | |
| **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 STUDIES  SORT 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 EXPENDITURE |
| 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.  NAME:  SIGNATURE:  DATE:  Send completed forms and cheques to:  **THE FOUNDATION OF NURSING STUDIES, 11-13 CAVENDISH SQUARE, LONDON, W1G 0AN**  **EMAIL:** [**rbcs@fons.or**](mailto:rbcs@fons.or)**g** | NAME/ORGANISATION TO APPEAR ON INVOICE:  HOW SHOULD INVOICE BE SENT:  (Please provide name, address, email or online portal details, as appropriate) |