Resilience-based Clinical Supervision: Champion and Cascade Programme

November 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: 07 November 9.30-12.30** **Session 2: 14 November 9.30-12.30** **Session 3: 21 November 9.30-12.30** **Session 4: 28 November 9.30-11.30** **Session 5: 05 December 9.30-11.30****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 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 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****g** | NAME/ORGANISATION TO APPEAR ON INVOICE: HOW SHOULD INVOICE BE SENT:(Please provide name, address, email or online portal details, as appropriate) |