**Putney Nurse**

(Neuro-rehabilitation Registered Nurse care programme)

 **Application form**

Please complete all sections:

|  |  |
| --- | --- |
| Name |  |
| Contact telephone or email |  |
| Address |  |
| Have you undertaken education/training in the past three years? If yes, please give course details and state both where, and which year:  |
| Please tell us why you want to undertake this course? Continue on a separate sheet if necessary. |
| In what way do you expect the programme will impact on your practice? |
| What do you think will be the most challenging aspect of undertaking the course? |
| What do you expect to be the most rewarding aspect of undertaking the course? |
| Is there any specific circumstance that would affect your ability to complete the course? |
| I declare this information to be accurate and that I will commit to attending each of the study daysSignatureName in CAPITALS Date |

|  |
| --- |
| To be completed by the **clinical manager**I confirm I am willing to release (……………………………) to attend the programme that is equivalent to 7.5 hours of a clinical day. Signature of ward manager and short supporting statement:**Finance****Confirmation** that the fees of £750 will be paid in advance of the programme startingName: DateRole:Invoice should be sent to: **Confirmation** that £750 will be paid in advance for the Enhanced Programme Name: DateRole:Invoice should be sent to: Attendance will not be permitted until fees have been submitted. |

**Please return this form to Julie Scholes (****jscholes@rhn.org.uk****)**