**Improving Oral Care for People with a Neuro-disability**

Thursday 30 January 2020

Royal Hospital for Neuro-disability, London UK

This study day is suitable for all staff who provide support for people with

neuro-disabilities with mouth care and those who want to improve the quality

of care. This course is suitable for people who work in rehabilitation units and

care homes to ensure they are compliant with current NICE guidelines

Learning outcomes will include:

* To understand the links between poor oral health and general health
* To learn more about common oral health issues in people with a neuro-

disability

* To be able to provide the most appropriate oral care for people with a neuro-disability
* To ensure that care homes are equipped with the correct tools to carry out oral health assessments and record mouth care
* To help identify how to help people with a neuro-disability access dental care

**Cost per delegate: £70**

**Contact:**

[**institute@rhn.org.uk**](mailto:institute@rhn.org.uk) **/ (+44 0)208 780 4500 x5140**

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| **Title:** Click here to enter text.**. First Name:** Click here to enter text. **Surname:** Click here to enter text. |
| **Job Title:** Click here to enter text. **Organisation:** Click here to enter text. |
| **Address:** Click here to enter text.  **Postcode:** Click here to enter text. |
| **Telephone:** Click here to enter text. **Mobile:** Click here to enter text.  **Email:** Click here to enter text. |
| **Special dietary or other requirements: Click here to enter text.** |
| **PAYMENT METHOD (Please tick your chosen method)**    **Credit/Debit Card: We accept debit and credit card payments; please contact 020 8780 4500 Ext. 5141/5140 to pay securely by phone**    **Invoice: INVOICE REQUESTS WILL NOT BE ACCEPTED IF A PO/REFERENCE IS NOT PROVIDED**  **PO or other reference number: Click here to enter text.**  **Invoicing address: Click here to enter text.**  **Accounts payable contact email: Click here to enter text. Accounts payable contact tel: Click here to enter text.**  **☐ BACS Please send to the following Natwest Bank, RHN General Account**  **4 1 6 5 5 2 7 3**  **6 0 2 0 0 9**  **Sort code Account no.**  4 1 6 5 5 2 7 3  **Please send your BACS remittance form as confirmation of payment.**  **Your BACS reference: Click here to enter text.**  **Cheque: Payable to The Royal Hospital for Neuro-disability and send for the attention** **of Phili Denning** |
| **If you are not self-funding please confirm who has authorised your attendance at this course and the funding:**  **Name:** Click here to enter text. **Position:** Click here to enter text.  **Contact email:** Click here to enter text. **Tel:** Click here to enter text. |
| **Please add me to the mailing list to receive information about future RHN academic events** |

**Registration form**

**Delegate fee (£70)**

**Please return this form (one per applicant) to Anna Harlow, Academic Event Manager at** [**institute@rhn.org.uk**](mailto:institute@rhn.org.uk) **– or by post:**

Royal Hospital for Neuro-disability, West Hill, Putney, London SW15 3SW United Kingdom

**Venue:** Royal Hospital for Neuro-disability, London.

**Conference fees include refreshments and lunch**

**Cancellations/refunds:** A refund, less 20% administration fee will be made if cancellations are received in writing at least 4 weeks before the course. We regret that refunds cannot be made for cancellation or non-attendance after this time. Substitute attendees are welcome at any time.