**Oral intake in adults in a disorder of consciousness**

Tuesday 26 April

Online course

This online study day is suitable for SLTs. It will be presented by members of the

team at RHN and guest speakers involved in the development of the national RCSLT

DOC guidelines.

The course includes

* A review of current guidelines and evidence
* The assessment and management of dysphagia in patients in DOC across the care pathway
* Case studies and practical ideas
* Issues in clinical reasoning and ethical decision making
* The family perspective on eating and drinking.

**Lead Facilitator**

Amy Pundole

Clinical Lead Speech & Language Therapist

Royal Hospital for Neuro-disability

**Cost per delegate: £70**

**Contact:**

[**institute@rhn.org.uk**](mailto:institute@rhn.org.uk) **/ (+44 0)208 780 4500 x5141/5140**

**Oral intake in adults in a disorder of consciousness**

**Tuesday 26 April, online course**

**Registration form**

**Delegate fee (£70)**

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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.** |
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| **Telephone: Click here to enter text. Mobile: Click here to enter text.**  **Email: Click here to enter text.** |
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| **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 (use reference no. N022 and your surname): Click here to enter text.**  **Cheque: Payable to The Royal Hospital for Neuro-disability and send for the attention** **of Anna Harlow** |
| **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** |

**Please return this form (one per applicant) to the Conference 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

**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.