**One day PDOC Observer and Facilitator’s SMART online course**

Wednesday 3 February 2021

Online

Day one of our intensive four and a half day SMART course is open to team members working with PDOC, to both enhance specialist skills and develop the knowledge regarding the diagnosis of PDOC

.

This day will analyse the principles in creating an optimum environment, discuss the rationale and methods for accurate observation of responses, examine the role of monitoring and recording responses and understanding WHIM, CRS and SMART assessment and scoring processes.

Please note places are limited to five and will be allocated on a first come, first served basis. The cost of this day will be deducted from the five day course fee if you decide to attend the full SMART course in the future.

**Cost per delegate: £210 (£190 Early bird rate)**

**Contact:**

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

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**Registration form**

**Delegate fee £210 (£190 early bird rate)**

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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 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 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 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

**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.