

N E S T BOOKING FORM

- 1) *Indicate* your preferred **COURSE & DATE**
 2) *Complete* the **BOOKING FORM** and indicate payment method (bank account details below)
 3) *Return* it with your **DEPOSIT of £60 OR FULL PAYMENT** to:
The Administrator, Course Bookings, N E S T, Brook Cottage Buildings, Corse Lawn, Glos. GL19 4LU

Courses take place 6th Floor, 52 Grosvenor Gardens, Victoria, London SW1 OR on-line
All fees must be paid at least 7 days prior to the selected course

BANK ACCOUNT DETAILS:**BACS Transfer: Santander**Sort Code: **09-01-27** Account No: **93675646 N E S T****Please use your name as a reference so we may identify your payment****Counter Credit: Santander**Sort Code: **09-01-26** Account No: **70258610 KCS N E S T****Credit or Debit Card:**Telephone the **Administrator** on **01452 780368****Cheques:**Payable to **N E S T****POSTNATAL CARE/non-medical Maternity Nursing 2012; Level 3, 12 credits (London, Victoria)**

Jan 28 & 29 Feb 25 & 26 Mar 24 & 25 April 28 & 29 May 26 & 27 June 23 & 24

July 28 & 29 Aug 25 & 26 Sept 29 & 30 Oct 20 & 21 Nov 24 & 25 Dec 15 & 16

Dates for Modular & On-line courses are available through the Training Manager on 01452 780368

Surname _____ (Mr/Mrs/Ms/Miss)

First Name _____ Date of Birth _____

Address _____

_____ Post Code _____

Contact Telephone Number/s _____ / _____

Email Address _____

Please complete and sign the following

'I have read the terms & conditions and would like to apply for the (course) _____ at a total cost of £ ____.'

Signed _____ Date _____

Please attach a recent (any size) photograph & (brief) CV

Special dietary requirements:

Please keep a copy of this form for your own records