

**N**ewborn  
**E**ducation  
**S**ervices &  
**T**raining

The Training Centre  
36 Woodfield Park  
Amersham  
Bucks HP6 5HQ  
01494 431720  
07811 862930  
[www.newborneducation.co.uk](http://www.newborneducation.co.uk)  
[cranstonkate@uko2.co.uk](mailto:cranstonkate@uko2.co.uk)

Thank you for your enquiry regarding our *Sleep Training* course; your information pack is enclosed which contains your booking form.

The course is very comprehensive and intense, designed to promote support of the new mum in the community.

Once you complete the day at the training centre, you will be offered a multiple choice questionnaire and, providing you complete all parts successfully, you will be awarded a certificate proving attendance at the *N.E.S.T. course in Sleep Training & Multiples*.

Our courses are small in order to offer the best possible teaching practices.

If you have any queries, please don't hesitate to contact the training centre and speak with either Wendy or myself.

Please take a moment to read the terms and conditions overleaf.

We look forward to hearing from you.

Regards

*Kate Cranston-Stephens*

Kate Cranston-Stephens, BA(Hons), DmontEd., DPNC  
Founder, N.E.S.T.

Encl.

## N.E.S.T.

### TERMS & CONDITIONS

- The total cost of each course is inclusive of all course materials, ongoing tutorship, lunch & light refreshments; accommodation is optional and separate
- Course places are limited & cannot always be guaranteed, confirmation of attendance a.s.a.p. will avoid disappointment
- Students who have paid in full for the course and cannot attend will be offered an alternative course date
- N.E.S.T. the lecturers and speakers accepts no liability in the event that the content of the course does not meet individual requirements
- N.E.S.T. reserve the right to alter the advertised course, venue and teaching staff & reserve the right to decline applications
- N.E.S.T. reserve the right to cancel or re-schedule a course
- Successful completion of the course in no way guarantees employment as a PNC (maternity nurse)
- Current materials used on the course have been well researched. Should any student wish to discuss information of a conflicting nature, an appointment to do so may be made
- Course material holds a copyright and may not be copied or used without prior written permission of the company
- N.E.S.T. does not accept liability for any loss or damage of property during the extent of this course, before or after. It is the responsibility of the student to take care of all personal belongings & possessions

### TRAINING COURSE INFORMATION

- All our training courses are presented by accredited professionals
- Courses and lectures regularly include expert guest speakers
- All courses are held either at our Buckinghamshire training centre or at other venues by arrangement with external bodies or organisations
- Lunch & light refreshments are provided while on site
- Certificates & Diplomas will only be awarded on successful completion of all course work
- All assignments are submitted to three Assessors – your course tutor, an internal and an external marker; late work will be subject to an automatic fail unless an explanation is submitted for discussion by a panel. The decisions of this panel are final and no further correspondence will be entered into once agreement has been reached and the student notified.

*The terms and conditions on the booking form shall be deemed to represent a contractual agreement between the two parties*

*N.E.S.T. courses are written & designed by Kate Cranston-Stephens using undergraduate criteria  
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*Cheques to be made payable to: K Cranston-Stephens, N.E.S.T.*

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Newborn Education Services & Training  
**SLEEPI TRAINING BOOKING FORM**

*Please indicate preferred course & date*

*Saturday 31<sup>st</sup> May; Friday 13<sup>th</sup> June; other dates available on request*

SURNAME: \_\_\_\_\_ TITLE: Ms / Miss / Mrs / Mr

FIRST NAME/s: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

TELEPHONE NO/S: \_\_\_\_\_ / \_\_\_\_\_

e-mail address: \_\_\_\_\_

PLEASE INDICATE ANY SPECIAL DIETARY REQUIREMENTS &/OR MEDICAL CONDITIONS

*\* Please Attach A Current C.V. & Photograph \**

I Confirm I Have Read The Terms And Conditions And Agree To Them.

Cheque to be made payable to: *K Cranston-Stephens (N.E.S.T.)*

Signed \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_