

# Application Form

## Study Day

Please complete all sections of this form. Move from one field to the next using the TAB key. Once you have completed the form save the file as a pdf then forward to [studydays@kcl.ac.uk](mailto:studydays@kcl.ac.uk) as an attachment to your email.

### A. Study Day details

Name of Study Day

Dates requested: 1st preference

2nd preference

### B. Applicant's details - full details required

Title  First name

Surname  Date of birth

NMC Pin number

Job role. *To tick the box either click in the box or use the space bar.*

<input type="checkbox"/> Qualified nurse	<input type="checkbox"/> Healthcare assistant	<input type="checkbox"/> Phlebotomist	<input type="checkbox"/>
<input type="text"/> Other please state			

Trust

Directorate/Department

Ward

Email

Home address

Telephone number

### C. How will your place on this Study Day be funded?

How will you be funded?

Contracted Trust

Self-funding

Other *(please specify)*

If you are self-funded or funded by another source you should enclose payment with this form. Cheques should be made payable to King's College London.

### D. Manager's approval *(to be completed if on a contracted place)*

I have discussed this application with the aforementioned member of staff. The nomination is appropriate for his/her learning needs and/or service organisational development needs.

Manager's full name

Manager's job role

Manager's email contact

Manager's telephone contact

After submitting this application, please wait to receive a confirmation email/letter from us to confirm the details of your enrolment.