

# Application Form

## 1-day Carbohydrate Counting Skills Workshop

### 18 March 2011

**Name:** .....  
 (As you would like to appear on certificate of attendance)

**Job Title:** .....

**Postal Address:** .....  
 .....  
 .....

**Email:** .....

**Telephone number:** .....

**Special requirements (dietary or other):** .....

Please note spaces are limited and will be allocated on a first come first served basis upon receipt of payment.

<b>Workshop 1</b>	18 March 2011, Hexagon Room, Addenbrooke's Hospital, Cambridge, CB2 0QQ
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Please return your completed form along with a cheque for the £60 training fee (non-refundable), made payable to **Northumbria Healthcare NHS Foundation Trust** to the following address.

Sharon Walker  
 National DAFNE Administrator  
 Diabetes Resource Centre  
 North Tyneside General Hospital  
 Rake Lane  
 North Shields  
 NE29 8NH

You will be contacted within 5 working days of receipt of completed application form and training fee, to either:

- Confirm your training place and provide further details regarding the venue, or
- Inform you that we have been unable to offer you a place on you the workshop and return your cheque.

If you have not heard from us within 10 days of returning your form please contact us on **0191 293 4115**

Office use only		
Date application received		
Payment received	Yes	Cheque No.
	No	
Allocated to workshop	Yes	
	No	
Confirmation letter	Yes	
	No	