



Association of Speech  
and Language  
Therapists in  
Independent Practice

## Setting Up In Independent Practice - Application Form

Name .....

Address .....

.....

..... Postcode.....

Telephone Work.....

Home.....

Can we contact you on this number out of office hours? Y / N

Email .....

I am happy for my e-mail address to be distributed to fellow delegates  
on the course (for networking purposes). Y / N

Membership/Registration RCSLT Memb. No.....

HPC Reg. No.....

Clinical Interest  Adult  Paediatrics

Course Fee **£125.00** – Includes lunch and refreshments

Selected Course Date .....

Special Dietary Requirements? .....

**Please read this carefully!**

**Refunds:** An administrative fee of 20% will be charged for cancellations. No refunds will be given for cancellations within four weeks of the start of the course.

**CANCELLATION BY DELEGATES SHOULD BE IN WRITING.**

Substitution of delegates is acceptable at any time.

**I have read and understood the  
terms and conditions**

Signed..... Date .....

Please return this form together with a cheque payable to **ASLTIP** to:

**ASLTIP Course Bookings**, Eg (Training) Ltd, The Writing Room, Sir  
John Moore Foundation, Top Street, Appleby Magna,  
Derbyshire DE12 7AH

Any queries? Email **ASLTIP@eg-training.co.uk**