



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:

Jane Richards, 51 Lyndhurst Rd, Hove BN3 6FD

Any queries? Contact Jane Richards at j.c.richards@hotmail.co.uk