

PLEASE COMPLETE BOTH SIDES OF THIS FORM



**Nutrition and Oral Health  
Course Booking Form**

**(PLEASE COMPLETE IN BLOCK CAPITALS)**

*There is no charge for this training. However, a cancellation fee applies if applicants fail to attend and do not cancel their place if they can no longer attend.*

<b>First Name</b>		<b>Last Name</b>	
<b>Job Title</b>		<b>Tel No.</b>	
<b>Resource / Company</b>			
<b>Work Address (Including Postcode)</b>			
<b>E-mail Address</b>			

**COURSE DETAILS**

(Please indicate your preferred 1st and 2nd choice in the table below)

<b>Course details</b>	<b>Location</b>	<b>Date</b>	<b>Your preferred choice</b>

\* Please note that we are unable to provide lunch however we do have a bistro in Law House where participants can purchase lunch or an area is provided for those who prefer to bring a packed lunch.

Do you have any access requirements? Please specify below:

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Please list below any specific issues you would like included in the training

As part of the ongoing evaluation of this training and the use of the Nutrition and Oral Health resource, NHS Lanarkshire staff would like to contact you following your attendance at the training to ask you a few questions. Do you agree to this?

Yes  No

**Please return your completed booking form no later than two weeks prior to the training course to Kirsten Lammie.**

[kirsten.lammie@lanarkshire.scot.nhs.uk](mailto:kirsten.lammie@lanarkshire.scot.nhs.uk)

**HEALTH PROMOTION**

**Law House  
Airdrie Road  
ML8 5ER  
Tel: 01698 377623**

For Office Use Only

Employee Ref No.

Date of attendance

Confirmation sent on [date]

Date for follow up