**NORTH WEST SCHOOL OF AUDIOLOGY**

**AUDIOLOGY ASSISTANT BASIC CERTIFICATE COURSE**

**Application form.**

This course aims to provide the underpinning knowledge and understanding that is required by Audiology Assistants.

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| --- | --- | --- |
| **NAME:** | **E-MAIL:** | **CONTACT TEL NO:** |
|  |  |  |
| **WORKPLACE:** | **WORKPLACE ADDRESS:** | **WORKPLACE TEL NO:** |
|  |  |  |
| **MENTOR:** | **MENTOR E-MAIL:** | **MENTOR TEL NO:** |
|  |  |  |
| **FINANCE ADDRESS:** | **FINANCE E-MAIL:** | **FINANCE TEL NO:** |
|  |  |  |
| **PURCHASE ORDER NUMBER:** |  |  |
|  |

**Please indicate how you would prefer to be contacted:**

|  |  |  |
| --- | --- | --- |
| E-mail | Post | Telephone |
|  |  |  |

Please note that under GDPR we will only hold your information for the purposes of this course and your information will be deleted after completing the course.

We will only keep your information if you agree to us holding your information for the purpose of any further courses you may be interested in or for us to keep the information for any future queries you may have about the course

|  |  |
| --- | --- |
| **Yes, you may keep my details for :** | Please tick the relevant boxes |
| Information on future courses |  |
| Future queries around this course |  |
| **No, please delete my information following completion of this course** |  |

Cheques or BACS payments accepted - made payable to **North West School of Audiology** for £1800.00 for full course (contact for individual module costs).

Please enclose an order number (PO) if payment is through the Trust so we can proceed with the application………………………………….

BACS payment

RBS

16-19-17

12270381

For further information please contact:

Kath Woolley (Treasurer)

kathwoolley@yahoo.co.uk

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| --- |
| **Please state if you have any particular requirements?** |
|  |  |
| Communication needs: Any other issues that may affect your learning: |  |
|   |  |

Closing Date 18th of August 2023, but please contact if you know that confirmation of funding will be available after the closing date and before the start of the course.

**Please send completed applications to Mrs Kathryn Lewis by e-mail**

**Kathryn Lewis** **(Hon Secretary NWSA) e-mail:** **Kathryn.lewis@mft.nhs.uk**

**Audiology Department, Withington Community Hospital, Nell Lane, West Didsbury, Manchester, M20 2LR**