

I-day Carbohydrate Counting Skills Workshop Application Form

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

Job Title:

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

Email:

Telephone number:

Special dietary requirements:

Where did you hear about this training?

- DAFNE website
- National Diabetes Support Team website
- DMEG bulletin
- Dietetics Today
- Other – *please specify*

Please tick the workshop that you would like to attend. Please note spaces are limited and will be allocated on a first come first served basis upon receipt of payment. You can select either workshop if you are flexible in terms of the date and venue, however please indicate your preferred workshop by entering 1 or 2.

Workshop 1	25 th February 2009, Northumbria Healthcare, North Shields	
Workshop 2	4 th December 2009, Addenbrooke's Hospital, Cambridge	

Please return your completed form along with a cheque for the £50 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 10 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 your preferred workshop(s) and return your cheque.

If you have not heard from us within 20 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	Workshop No:
	No	