

# 1-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. You can select more than 1 of the workshops if you are flexible in terms of the date and venue, however please indicate your preferred workshop by entering 1, 2, 3 and 4.

<b>Workshop 1</b>	18 <sup>th</sup> April, Addenbrooke's Hospital, Cambridge	Full
<b>Workshop 2</b>	31 <sup>st</sup> July, King's College Hospital, London	Full
<b>Workshop 3</b>	7 <sup>th</sup> October, Northumbria Healthcare, North Shields	
<b>Workshop 4</b>	13 <sup>th</sup> November, Handsworth Parish Centre, Sheffield	

Please return your completed form along with a cheque for the £50 non-refundable training fee, 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	
	Yes	Workshop No: