## Bespoke Lasers and Intense Light Sources Safety Course Booking Form

This form is for those wishing to receive Laser Safety Awareness, Laser Safety Core of Knowledge or Intense Light Source Safety training at their own place of work.

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| **Your details for correspondence:** |
| **Name:**  |       | **Tel No:**  |       |
| **Address for correspondence:** |       |
| **Postcode:** |       | **Email:** |       |
| **What lasers do you work with?** |       |
| **What applications do you use these lasers for?** |       |
|  |
| **Training Details:** |
| **Number of attendees:** |       |
| **Names of attendees:** |       |
| **Proposed dates:** |       |
| **Address of training site** (tick box if same as above)**:** [ ]  |
|       |
| **Postcode:**       |
|  |
| **Financial Details:**  |
| Once your request for training has been considered a quotation will be sent to you. If acceptable to you, payment is accepted via credit/debit card, cheque or invoice. Please tick one box below to indicate how you wish to pay. |
| [ ]  | **Cheque** |
| **Payable to:** | University Hospital Southampton NHS Foundation Trust |
|  |  |  |
| [ ]  | **Credit Card Payments** (please complete all details) |
| **Card type:** |       | **Expiry Date:** |       |
| **Card Number:** |       |
| **Last 3 digits of security code:** |       | **Start Date:** |       |
| **Cardholder Name:** |       |
| **Cardholder Address:** |       |

|  |  |
| --- | --- |
| [ ]  | **Invoice** (please complete all details) |
| **Purchase Order No:** |       |
| **Name:**  |       |
| **Telephone No:** |       |
| **Email:** |       |
| **Invoice Address:** |       |
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| **Completed forms must be returned to:** |
| **Email:** | RadProt@uhs.nhs.uk OR |
| **Post:** | Ms Clare JoyDept of Medical Physics Southampton General Hospital, MP 29Tremona RoadSouthampton, SO16 6YD |