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

This form is for those wishing to receive bespoke Laser Safety Awareness, Laser Safety Core of Knowledge or Intense Light Source Safety training at Southampton General Hospital and the date of the next public course is unsuitable.

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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:** | |  | | | | |
| **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:** | |  | | | |

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