



## Course Application Form

To help make sure we can register your place, please print details in all fields. Thank you

**Your Name:**

**Course:**

**Date of Course:**

**Your Job Title:**

**Organisation:**

**Your preferred postal address:**

.....

**Telephone:**(Work).....(Home).....

**Email:**

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**Please enclose a cheque for :**     £

**Made payable to:**     *St Stephen's AIDS Trust*

**Return to:**             Linda Connor, Education Coordinator, St Stephen's Centre,  
369 Fulham Road, London SW10 9NH

**If you wish to be invoiced it is essential to provide all details as requested below:**

**Name of person to invoice:**

**Email:**

**Telephone number:**

**Address:**

.....

*Please advise the person who pays the invoice to include our reference number on our invoice in the remittance advice / back of cheque to avoid any delay in confirming your place.*

**Confirmation of your place on this course will be made when payment has been received.**

St Stephen's AIDS Trust  
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