

Training Course

Application Form

Please indicate which course(s) you wish to attend

- Premium[™] MTM Pressure Garments Classic[™] MTM Pressure Garments
 Premium[™] Lymphoedema MTM Sensory Dynamic Orthosis (SDO[®])

Course date(s) requested:

Name:

Email:

Phone No:

Hospital contact address:

Post held:

Experience:

Objectives for attending this course:

Dietary requirements:

Do you have any additional needs?

What to do now?

1. Complete and return this form by email to marketing@jobskin.co.uk to secure your place.
2. If you wish to hotel overnight, please see [Helpful Information](#) on our website for local hotels.
3. Prepare any questions you may have and bring along any complicated orders you need advice on.
4. Save the date and contact us with any questions you may have. Please let us know as soon as possible if you wish to cancel your booking.