

**Allied Health Professions
Centre for Professional Development**

NOMINATION FORM

RECORD KEEPING & LEGAL ISSUES

Tuesday 13 March 2007

Clady Villa, Knockbracken Healthcare Park, Belfast

(PLEASE COMPLETE IN BLOCK CAPITALS)

Name: (Mr/Mrs/Miss/Ms/Dr)

Job Title:

Employing Trust:

Work Address: (in full).....

.....

..... **Postcode:**

Contact Number: **Work Email:**

Please complete all contact details in full

Do you have a disability? YES/NO - Do you have any requirements?

.....

Nominee Signature: **Date:**

Name of Line Manager (BLOCK CAPITALS):

Signature: **Date:**

CLOSING DATE FOR NOMINATION FORM:

Monday 12 February 2007

Send Nomination Form To:

**Mrs Fiona Hodkinson, Head of Centre for CPD,
Clady Villa, Knockbracken Healthcare Park, Saintfield Road, Belfast; or
E-mail: jhodgen@clady.bmc.n-i.nhs.uk or fax forms as soon as possible
Tele: (028) 90561353 – Fax (028) 90550412
Forms may be downloaded at - www.alliedhealthprofessionsni.gov.uk**

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