

Course Application Form

Course Details:

Title: Oxford Elara Ceiling Lift Motor Inspection & Maintenance	
Venue: Oxford Healthcare (Worcestershire, WR10 2AG)	Cost: £50.00 +VAT (per person)
Date:	(please call for availability)

Company Details:

Organisation:	Position:
Address:	
	Post Code:
Telephone:	Fax:
Email (required for confirmation):	

Attendee Names:

Title:	First Name:	Surname:

Reserved by:

Name:	Signed:	Date:
Telephone:	Email:	

☐ Please send me a course information pack (available for download at www.oxfordhealthcare.co.uk)

GBP Bank Details:

Full payment is required prior to start of course in order to confirm your reservation.

Please use these details when making a **BACS** payment, quoting "TRAINING" as payment reference.

Account Name:	Oxford Medical Healthcare Limited	Bank:	Barclays
Sort Code:	20-27-33	Swift No:	BARCGB22
Account No:	43514153	IBAN No:	GB38 BARC 2027 3343 5141 53

Should you have any questions relating to payment for a course, please contact us on **(Tel) 0344 811 1158** or send an email to **training@oxfordhealthcare.co.uk**