**COURSE ORGANISER'S APPLICATION FORM**

**TO RUN AN APPROVED BAHT LEVEL I HAND COURSE**

TITLE OF COURSE:…….......................................................................…………....................

DATE OF COURSE:…………………………………………………………………………………...

VENUE OF COURSE:………………………………………………………………………………...

DESCRIPTION OF FACILITIES AT VENUE:………….……………………………………………

……….…………………………………………………………………………………………………..

PLANNED NUMBER OF ATTENDEES:………….…………………………………………………

NAME OF ORGANISER:...........................................................................................................

ADDRESS:......................……………………..............................................................................

...............................……………..................................................................................................

POSITION HELD & AREA OF CLINICAL WORK:…….......………….......................................

……….........................................................................…………….............................................

DAYTIME TELEPHONE NUMBER:………….............………….................................................

*(this will be used for advertising the course)*

EMAIL ADDRESS: ………………………………………..………………………………………….

BAHT REGISTRATION NUMBER:……….....................…………..............................................

**Payment of £150\* application fee must be received before the application can be considered. Please state how you plan to pay:**

 **Cheque included with application**

 **BACS transfer proof of payment included with application**

 **Invoice required before payment**

**Please send invoice to: Name:………………….……………………………………………..**

 **Address:.…………………………………………………………….**

 **…….…………………………………………………………………..**

 **……..………………………………………………………………….**

 **e-mail:………………………………………………………………..**

**\*£150 application fee valid for courses running until end of 2016 only. Please see notes on BAHT website for further information.**

**PLEASE ALSO ATTACH COPIES OF THE FOLLOWING WITH YOUR APPLICATION:-**

• BRIEF CV OF COURSE ORGANISER/S

• NAME AND BRIEF RESUME OF CO-ORGANISER(S)

• NAMES OF SPEAKERS WHO MAY BE APPROACHED TO LECTURE ON THE COURSE WITH BRIEF DESCRIPTION.