

## ADVANCED SOS APPROACH TO FEEDING REGISTRATION FORM

Visit [www.TherapyTrain.co.uk](http://www.TherapyTrain.co.uk) for more information

Email completed forms back to: [sos@therapytrain.co.uk](mailto:sos@therapytrain.co.uk)

Delegate Registration Information					
		<b>By completing this form I declare:</b>			
<b>First Name:</b>		<ul style="list-style-type: none"> <li>I am a registered health professional and/or hold a certificate for attending a 3.75-day SOS Approach to Feeding Conference.</li> </ul>			
<b>Last Name:</b>					
<b>Professional Title:</b>					
<b>Professional Member of:</b>					
SOS Basic Certification Information					
<b>Dates:</b>		<ul style="list-style-type: none"> <li>I have a minimum of six months experience in practising Basic SOS Approach to Feeding Strategies.</li> </ul>			
<b>Location:</b>					
<b>Host:</b>					
<p>***Tick box to confirm</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">I understand I must provide this information as minimum requirement when applying and that I consent to TherapyTrain / Toomey &amp; Associates searching for, validating and holding this information</td> </tr> </table>				<input type="checkbox"/>	I understand I must provide this information as minimum requirement when applying and that I consent to TherapyTrain / Toomey & Associates searching for, validating and holding this information
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Contact Information					
<b>Home</b>		<b>Work</b>			
Address:		Address:			
Home City:		Work City:			
Postcode:		Postcode:			
Telephone:		Telephone:			
Home Email:		Work Email:			

Additional Considerations
Please indicate any additional considerations / disabilities requiring adjustments during the course
Please indicate any special dietary requirements

Certification & Course Fees												
<b>Single Day – Specialist Module Certificates: £249 (plus VAT)</b>												
<i>Please tick dates as required – Certificate awarded for attending Full Day Session</i>												
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<b>4 Day - Advanced SOS Practitioner Certificate: £840 (plus VAT)</b>												
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*Therapy Train in collaboration with Toomey & Associates***Payment Information & Invoicing**

Complete **Section A** if you are self funding this course or **Section B** if your employer is making a payment on your behalf

Applying delegates may be required to pay 5% deposit of the overall course fee to initiate a Certificate Verification Process or 'reserve' a course place whilst awaiting confirmation of funding.

This fee is non-refundable and will be deducted from the overall course fees when a delegate place is confirmed.

I would like to pay my invoice through:    Online Bank Transfer                               Card payment

**Section A – I am self funding and would like to make a payment independent of my employer – select one of the boxes below**

I am a returning Therapy Train delegate. Therapy Train issued a certificate of attendance to a 3.75 day SOS Approach to Feeding London 2018- I do not require the certificate validation process. Please invoice me for course fees as requested above

I am not a returning Therapy Train delegate and have attached a certificate of attendance to a 3.75 day SOS Approach to Feeding Conference. Please invoice me for 5% of the course fee to initiate my certificate validation process.  
\*\*\*I understand this is a non-refundable administration fee.  
Once my certificate has been validated please send me an invoice for outstanding course fees (excluding the 5% administration fee)

**Section B – My employer is making a payment on my behalf – select one of the boxes below and complete the employer section of this form**

I am a returning Therapy Train delegate. Therapy Train issued a certificate of attendance to a 3.75 day SOS Approach to Feeding London 2018- I do not require the certificate validation process.  
I have secured funding with a purchase order. Please invoice **my employer** for course fees as requested above

I am not a returning Therapy Train delegate and have a certificate of attendance to a 3.75 day SOS Approach to Feeding.  
I have not secured funding – Please invoice **me** for 5% to initiate my certificate validation process.  
\*\*\*I understand this is a non-refundable administration fee and that it is my responsibility to reclaim this fee from my employer. Once my certificate has been validated please send **my employer** an invoice for outstanding course fees (excluding 5% administration fee)

**Employer Information**

Company/Employer:		<b>Request single invoice for multiple applicants. Please provide names and separate application of ALL applicants</b>
Contact Name:		
Contact Email:		
Office Address:		
		<b>1.</b>
		<b>2.</b>
		<b>3.</b>
City:		<b>4.</b>
Postcode:		<b>5.</b>
<b>Email invoice to:</b>		
My employer has confirmed funding with a <b>Purchase Order #</b>		_____

*Therapy Train in collaboration with Toomey & Associates*

Declaration					
Tick the below boxes, attach SOS Approach to Feeding Basic certificate (if required), sign and date the application form					
	I confirm I understand the minimum requirements when applying to attend the SOS Approach to Feeding Advanced Conference. I am a registered Health Professional and/or hold a certificate for attending a SOS Approach to Feeding 3.75 Conference and have a minimum six months experience practicing the SOS Approach to Feeding strategies				
	I confirm I understand there is a validation process when applying for this Advanced Conference and consent to TherapyTrain / Toomey & Associates searching for, validating and holding this information.				
	I am not a returning TherapyTrain delegate and have attached a copy of my certificate for attending a SOS Approach to Feeding 3.75 Conference – Please initiate my certificate validation process.				
	I confirm I understand there may be a non-refundable administration fee of 5%. This will be deducted from the overall course fees once my certificate has been validated and my delegate seat is confirmed.				
	I confirm I have read, understood and accept the Terms & Conditions provided by TherapyTrain in writing accessible on the website <a href="http://www.therapytrain.co.uk">www.therapytrain.co.uk</a>				
	I confirm I understand and consent to the information provided on this form to be used to process my application. I agree to be sent an invoice to <b>both</b> my home/work email addresses, and to my <b>employer/company</b> if they are funding the course. Any further course correspondence should be sent to <b>both</b> my home/work email addresses				
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;"><b>Delegate Signature:</b></td> <td style="width: 40%;"><b>Date:</b></td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>		<b>Delegate Signature:</b>	<b>Date:</b>		
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