

BARRIERS TO RESOLVING GRIEF

Conference Application Form

Wednesday 29th October 2025

St Edmund's Church, Northwood

Name	
Address	
Postcode	
E-mail address	
Telephone/Mobile	
Organisation/Group	

Please tell us about any particular **dietary** requirements (allergies, vegetarian/vegan, religious etc.)

I would like to apply for a Blue Badge holder parking space (available only if space permits) ☐ (PLEASE ✓)

Please choose TWO Break-out Groups

1)	2)
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Conference fee

Early Bird booking before 31st August

£70.00 (£50.00 Special rate for Bereavement Care Corporate / Individual members)

Standard Booking from 1st September

£80.00 (£55.00 Special rate for Bereavement Care Corporate / Individual members)

Student rate (on application)

Payment details

Full payment should accompany all bookings. You can make payment by bank transfer or cheque.

☐ I am paying £_____ by bank transfer to: **Bereavement Care**
Account No: **43231545** Sort code: **23-05-80** Reference: **Conference <Surname>**

OR

☐ I enclose a cheque for £_____ made payable to **Bereavement Care**

*If you are paying for several delegates with one cheque or bank transfer, please send us a list of their names, **their contact details and Workshop Choices**, and the name of your organisation. Please also check their dietary requirements and consent for their personal details to be used, as per the Privacy Notice below. For Official Orders and Invoicing, please contact our office.*

Please return your application form as soon as possible to:

Conference Bookings, Bereavement Care, The Lodge, 64 Pinner Road, Harrow HA1 4HZ

or e-mail to: **admin@bereavementcareandsupport.co.uk**

Your privacy is important to us and we would like to communicate with you about our charity, the work we do, our training, activities and our Annual Conference. We will also be providing a list of delegates and their organisations as part of the delegate information pack on the day (however, NO personal contact details will be given). To do so we need your consent. Please confirm your consent by ticking the box below and adding your signature. **You can find out more about how we use your personal data by reading our privacy notice which you can find on our web-site: www.bereavementcareandsupport.co.uk/policies-procedures** (also available from our Office on request).

I agree to Bereavement Care contacting me about the Annual Conferences, Training Courses, Workshops and other activities in which I may be interested. I consent to my name and representative organisation being distributed to other delegates at the Conference. I am aware that occasionally names and photographs may appear in newsletters, bulletins or on the Bereavement Care web-site. I know that I can withdraw or change my consent at any time by contacting the Bereavement Care Office.

✓ in this box to **OPT IN**

☐ I give consent to my personal details being used, as described above. _____
(Signature)