

INTRODUCTION TO HOSPITAL VISITATION COURSE

APPLICATION FORM 2009



Name Title

Address

..... Postcode

Telephone Email

Church attended

Brief reasons for attending the Course (including any relevant training):

Are you currently involved with hospital visitation? If so, please write one or two sentences about this.

Is there any other information that you think would be useful?

Signature Date

Please send the completed application form **together with a letter of approval and recommendation from your minister/pastor/priest** to:

Hospital Visitation Course
Edgehill College
9 Lennoxvale
Belfast
BT9 5BY

Applications should arrive no later than Friday, 4th September 2009 – places are limited and will be allocated to successful applicants in order of applications received.

PLEASE DO NOT ENCLOSE PAYMENT WITH THIS APPLICATION FORM