

Therapeutic Hand Care Course – Booking form

Training Centre Details

Address:			
Date:		Time:	
Fee:	€40		

Personal Details

Name:	
Address:	
Telephone:	
Email:	

Please circle your age group: 16/19 20/30 31/40 41/50 over 50

Please name the **hospital/nursing home or other venue** (home visit) where you would like to offer the Therapeutic Hand Care Service.

Name:	
Address:	
Telephone:	
Contact Person:	

**** NOTE: Before the course:** Please examine your own hands carefully. If you have warts anywhere on your hands remember that they are a viral infection and must be treated prior to the course. Your GP will advise on an appropriate course of treatment.

Please bring a small bowl i.e. margarine tub and a hand towel.

I _____ wish to attend the above **Therapeutic Hand Care Course**.

I enclose a completed booking form and €40 course fee.

Please send to: Rosemarie Hayden, Unit Officer, Clane Branch, Irish Red Cross, Rose Cottage, Mountarmstrong, Donadea, Naas, Co. Kildare (Cheques payable to **Clane Red Cross**)