***How Do You SEE Quality* (*S*afety *E*ffectiveness *E*xperience)**



5th Clinical Skills Conference

**Date : 4th September 2012**

**Time: 09.00 – 17.00**

**Venue: Heart of the Campus**

**Sheffield Hallam University**

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# APPLICATION FORM

|  |  |
| --- | --- |
| Name: |  |
| Profession |  |
| Contact Details:**(Home Address)** |  |
| E-mail Address |  |
| **Telephone Number** |  |

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| --- | --- | --- | --- |
| For Office use only | Confirmation sentYes / No | Payment received Yes / No | Receipt sent Yes/ No |
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|  |  |  |  |

**Please return to this application form and payment (cheques made payable to Y&H CSN) to**

**Karen Shaw**

**If you require any further information please contact:**

**Karen Shaw, Chair of the Y&H CSN**

**Tel. 01709 427215**

**E-mail:** **karen.shaw@rothgen.nhs.uk**

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