

Application Form for AOHNP (UK) Scholarship

Event Title

Date

Cost

Please submit the promotional details of the event together with this form

Your Contact Details:

Name:

AOHNP No.

Job Title:

Qualification:

Organisation:

Address:

Tel:

E-mail Address:

Do you work in occupational health (please tick as appropriate):

- Full Time
 Part Time - number of hours worked: _____

Describe the nature of your work in occupational health:

How will your practice benefit from attending this event?:

Note:

- You will be required to write an article for OH Today on this event

Please return to admin@aohnp.co.uk or fax back to 0845 2255 937