

## THE REGIONAL REHABILITATION UNIT

### Monday 17<sup>th</sup> October 2011 FIM + FAM TRAINING DAY

Due to excessive demand, the RRU is no longer able to keep up with requests for outreach courses for UK FIM+FIM training. This course represents the only chance at present for medical/nursing and therapy teams to obtain training in the use of the UK FIM+FAM.

- **Course fee:** £100 first applicant and £80 for additional applicants when booked at the same time. Refreshments and course handouts included
- **Application:** by attached form (*duplicate as necessary*)
- **Times:** 9.15am – 5.00pm
- **Venue:** Northwick Park Hospital  
Education Centre  
  
Watford Road  
Harrow  
HA1 3UJ

**Completed application forms to:** Kemi Sanusi  
Northwick Park Hospital.  
The Regional Rehabilitation Unit  
Level 6  
Watford Road.  
Harrow. HA1 3UJ  
Tel: 020 8869 2808

**FAX FORM TO RESERVE A PLACE. 0208 869 2803 or  
EMAIL [k.sanusi@nhs.net](mailto:k.sanusi@nhs.net)**

Cheques payable to: **North West London Hospitals Trust (Trust Fund 01261)**  
Invoiced fees will carry an additional £2.50 handling charge.  
Closing date  
No cancellations will be refunded within 14 days of the course  
**Application form on reverse**

North West London Hospitals Trust  
**THE REGIONAL REHABILITATION UNIT**  
**Monday 17<sup>th</sup> October 2011**  
**FIM + FAM Training Day - APPLICATION FORM**

Mr/Mrs/Ms/Miss SURNAME	FIRST NAME	
POSITION		
Level of FIM+FAM Experience	<input type="checkbox"/> No experience <input type="checkbox"/> Have used but no formal training <input type="checkbox"/> Previous formal training & regular use  <input type="checkbox"/> Would like to attend course as trainee trainer (must have attended formal training & used tool for 1 year)	
ADDRESS	INVOICE DETAILS <i>(if applicable)</i>	
Email:		
Tel. (Day time)	EXT. / BLEEP	

• I enclose a cheque for £..... payable to North West London Hospitals Trust (Trust Fund – 01261)  
**PAYMENT NEEDS TO BE RECEIVED WITH APPLICATION TO GUARANTEE PLACE AS SPACES ARE LIMITED**

• Please invoice  mark if applicable *(Please clearly state address and name of PCT/Trust to be invoiced).*

• Special requirements

Signed.....

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