**Improving Oral Care for people**

**with Neuro-disability**

**Thursday 30th June 2022**

**at the Royal Hospital for Neuro-disability, London**

This study day is suitable for all nursing staff and allied health care professionals who provide support for people with neuro-disabilities with mouth care and those who want to improve the quality of care. This training will focus on the CQC report ‘Smiling Matters’.

Learning Outcomes will include:

* Understand the links between poor oral health and general health
* Learn more about common oral health issues in people with a neuro- disability
* Be able to provide the most appropriate oral care for people with a neuro-disability
* Learn more about how to improve oral health in your care setting.

**Cost per delegate:**

**£100 for dentists**

**£80 for dental nurses**

**Contact:**

**institute@rhn.org.uk** **/ (+44 0)208 780 4500 x5140**

**Improving Oral Care for people with Neuro-disability course**

**Thursday 30 June 2022**

**Registration form**

[ ]  **£100 Dentist fee**

[ ]  **£80 Dental nurse fee**

|  |
| --- |
| **Title:** Click here to enter text. **First Name:** Click here to enter text. **Surname:** Click here to enter text. |
| **Job Title:** Click here to enter text. **Organisation:** Click here to enter text. |
| **Address:** Click here to enter text.**Postcode:** Click here to enter text. |
| **Telephone:** Click here to enter text. **Mobile:** Click here to enter text.**Email:** Click here to enter text. |
| **Special requirements: Click here to enter text.** |
| **PAYMENT METHOD (Please tick your chosen method)**[ ]  **Credit/Debit Card: We accept debit and credit card payments; please contact 020 8780 4500 Ext. 5141/5140 to pay securely by phone**[ ]  **Invoice: INVOICE REQUESTS WILL NOT BE ACCEPTED IF A PO/REFERENCE IS NOT PROVIDED**  **PO or other reference number: Click here to enter text.**  **Invoicing address: Click here to enter text.** **Accounts payable contact email: Click here to enter text. Accounts payable contact tel: Click here to enter text.**  **☐ BACS Please send to the following Natwest Bank, RHN General Account****4 1 6 5 5 2 7 3****6 0 2 0 0 9****Sort code Account no.** 4 1 6 5 5 2 7 3**Please send your BACS remittance form as confirmation of payment.****Your BACS reference – please include the code N005 and your surname: Click here to enter text.**[ ]  **Cheque: Payable to The Royal Hospital for Neuro-disability and send for the attention** **of Anna Harlow** |
| **If you are not self-funding please confirm who has authorised your attendance at this course and the funding:****Name:** Click here to enter text. **Position:** Click here to enter text.**Contact email:** Click here to enter text. **Tel:** Click here to enter text. |
| **Please add me to the mailing list to receive information about future RHN academic events** [ ]  |

**Please return this form (one per applicant) to the Conference Manager at** **institute@rhn.org.uk** **– or by post:**

Royal Hospital for Neuro-disability, West Hill, Putney, London SW15 3SW United Kingdom

**Venue:** Royal Hospital for Neuro-disability, London.

**Cancellations/refunds:** A refund, less 20% administration fee will be made if cancellations are received in writing at least 4 weeks before the course. We regret that refunds cannot be made for cancellation or non-attendance after this time. Substitute attendees are welcome at any time.