**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**](mailto: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**

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| **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**](mailto: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.