

Participant Enquiry for Self-Management Course

I am interested in attending any course which takes place in :

Weymouth/Dorchester/Bridport/Uploders/
Portland/Lyme Regis/Littlemoor

(Delete as necessary)

Personal Details	
Forename :	
Surname :	
Address :	
Post Code:	
Telephone No :	Day :
	Evening :

Age :	18-25	26-46	47-59	60-65	66-85	85+
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Thank you for your interest in the Expert Patient Programme. Your details will be held on record and a formal Application Form will be sent to you as soon as a suitable course is available matching your location requirements.

ALL THE ABOVE INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

Please return this completed form to Celia Davies, South West Dorset Primary Care Trust, FREEPOST NAT6275, DORCHESTER, DT1 2BR (No Stamp Required)