

# Ethics and Emotions

*How these influence nursing at GOSH*

**Saturday April 28th 2018 10am - 4.30pm**



Venue: **Weston House Lecture Theatre**  
**Weston House**  
63-71 Great Ormond Street  
London WC1N 3JH

**Application Form**  
**Closing Date 1st March 2018**

**Full Name** .....

**Contact Address** .....

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**Telephone Number** .....

**E-Mail Address** .....

**Special Dietary Requirements** .....

<b>Cost:</b> £35	Full Price	<input type="checkbox"/>
£20 students	Student	<input type="checkbox"/>

**Payment methods:**

Electronic Payment: (please return application form by email as below)	The Hospital for Sick Children Nurses' League <b>Your ID/REF - "SD18" + Last name &amp; initial</b>	<input type="checkbox"/>
	Current A/C no: 95811176	
	Sort code: 51-50-02	

Cheque for £35 (or £20 for students):	Payable to: The Hospital for Sick Children Nurses' League	<input type="checkbox"/>
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*Paper forms & cheque payments may be sent to:*

*Sue Lowe*  
*GOS League Study Day 2018*  
*19 Blackstone Road*  
*London NW2 6DA*

**Numbers are restricted, so when places are full, applicants will be put on a waiting list.**  
**Please note your place cannot be confirmed until payment is received**

Please return this form **if paying electronically to:**  
**[GOSleaguestudyday@gmail.com](mailto:GOSleaguestudyday@gmail.com)**

Cancellations must be received in writing on or before the start of the event and will be subject to an administration charge of 20% of the course. It is regretted that no refunds will be made within 2 weeks of the course date. Substitutions can be made at anytime

**APPLICANT'S DECLARATION**

*Data Protection Act 1998: I agree to GOS Nurses' League processing personal data contained on this form, or other data which may be obtained from me or other people or organisations whilst I am applying for this event. I agree to the processing of such data for any purpose connected with my attendance at GOS Nurses' League events, or my health and safety whilst on GOS premises or for any other legitimate purpose. I agree to the terms and conditions above and confirm that payment for this event is enclosed/will be made in full before I attend. Please note your information will not be supplied to any third party.* Please tick if you **do not agree** to your email address being used to advise you of forthcoming **GOS Nurses' League events** which may be of interest