

Booking form for Accessing Healthcare Workshop

How did you hear about the workshop?

PARTICIPANTS DETAILS

Name:	
Organisation:	
Telephone number:	
Email address:	
Special Dietary Requirements?	

We would be grateful if you would answer the next few questions to help us monitor our workshops.

1. On a scale of 1-10, how would you rate your knowledge about the NHS and how it works? 1 2 3 4 5 6 7 8 9 10

2. What level of knowledge do you feel you have of access to healthcare? (1 being no knowledge and 10 being high level of knowledge) 1 2 3 4 5 6 7 8 9 10

3. On a scale of 1-10 how confident do you feel about helping your clients get access to healthcare? (1 being no confidence and 10 being very confident) 1 2 3 4 5 6 7 8 9 10

4. What is your reason for wanting to attend this workshop (e.g. you have many clients who need this support)?

Please email this form to:

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Or post to:

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