Booking Form

Geopace only	
	REFERENCE #:
	DATE RECEIVED:

Omni Health Hub ...crafting wellness

Page 1: Your information
Page 2: Payment options

Red boxes - required information
Blue boxes - optional information

Phlebotomy Proteges Pathway: [OOH 001]

From Novice to Blood Mastery Maestro

CPD Accredited Certificate

Course Location (where applicable):

Course Start Date:

Your Contact Details:

* IMPORTANT:
Please enter your name EXACTLY as you wish it to appear on your certificate.

First Name *:

Last Name *:

Address:

Post Code:

How did your hear about us?

Mr/Mrs/Ms/Dr/Other:

Date of Birth:

Contact Telephone (Home):

Contact Telephone (Mobile):

Current Occupation:

E-mail: (Your booking confirmation will be sent to this address)

Would you like to subscribe to our newsletter?

We may, from time to time, email you with news about phlebotomy, jobs and training. If you wish to be included on our mailing list please tick here. You may unsubscribe at any time. We will not, under any circumstances, pass your details on to any third party.

Your Payment Options:

		TICK
A	Paying by credit (or debit) card	
B	Paying by Cheque(s) or Postal Order(s)	

Please note that the instalment option is not available for MAESTRO cards

Please make cheques or Postal Orders payable to: DEW WATERS LTD.

Please note: We will confirm your booking by email

Please ensure that the email address you entered above is correct and legible.

If you have not received your **Booking Confirmation**within three working days please check your “spam / junk” folder. Please check and request a re-send if you are still unable to locate your confirmation email. **We will also post a copy to you on request.**

Omni Health Hub Training,
183, Crownpoint Road, Glasgow G4042 AL.
T: 07707979932, +441236372907 www.omnihealthhub.com
Email: info@omnihealthhub.com

UK Register of Learning Providers No: 10094524

CPD CERTIFIED The CPD Certification Service

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OPTION 1:

Phlebotomy Proteges Pathway: [OOH 001]
From Novice to Blood Mastery Maestro
THE CPD CERTIFICATION SERVICE - 21 CPD Points

TWO DAY CLASSROOM COURSE
LOCATIONS THROUGHOUT THE UK & IRELAND
CLASSROOM - 9.30am - 5.00pm

Please tick

- ☐ Full Payment: £285.00 — Includes approx. 10% discount — OR
- ☐ Deposit: £105.00 — Debited on receipt. Secures your course place.
- ☐ Instalment 1: £105.00 — DATE:
- ☐ Instalment 2: £105.00 — DATE:

OPTION 2:

Phlebotomy Proteges Pathway: [OOH 001]
From Novice to Blood Mastery Maestro
THE CPD CERTIFICATION SERVICE - 21 CPD Points

ONLINE STUDY + ONE DAY CLASSROOM COURSE
LOCATIONS THROUGHOUT THE UK & IRELAND
CLASSROOM - 9.30am - 5.00pm

Please tick

- ☐ Full Payment: £285.00 — Includes approx. 10% discount — OR
- ☐ Deposit: £105.00 — Debited on receipt. Secures your course place.
- ☐ Instalment 1: £105.00 — DATE:
- ☐ Instalment 2: £105.00 — DATE:

OPTION 3: PHLEBOTOMY TRAINING KIT INCLUDED

Phlebotomy Proteges Pathway: [OOH 001]
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THE CPD CERTIFICATION SERVICE - 21 CPD Points

INCLUDES FREE PRACTISE-AT-HOME PHLEBOTOMY TRAINING KIT

ONLINE STUDY + TWO HALF-DAY VIRTUAL CLASSROOM SESSIONS
MORNING OR AFTERNOON SESSIONS

Please tick

- ☐ Full Payment: £285.00 — Includes approx. 10% discount — OR
- ☐ Deposit: £105.00 — Debited on receipt. Secures your course place.
- ☐ Instalment 1: £105.00 — DATE:
- ☐ Instalment 2: £105.00 — DATE:

INSTALMENT PAYMENTS: Your last instalment date must be no later than 7 days prior to your course start date.

Your Payment Details:

VISA | MasterCard | Maestro | VISA Electron | PayPal

Card Holder's Name: (Exactly as shown on your card)

Credit/Debit Card No: (Your 16 digit long card number)

Card Type: (ie. Visa, Mastercard, etc.)

Expiry Date: Month and Year (mm/yy)

Security Number: (Last 3 digits on back of your card)

Registered Card Address: (if different from above)

Post Code:

☐ Please tick

I agree to complete this booking in accordance with the Standard Terms and Conditions of Dew Waters Ltd.
(Terms and Conditions may be downloaded from our website at: http://www.omnihealthhub.com)

SIGNATURE:

DATE:

Returning this form - 3 options:

1: Print out, complete and post to us at the address overleaf, or

2: Print out, complete and take a photo or scan and email both pages back to us (to: info@omnihealthhub.com), or

3: Complete this fillable form electronically and save a copy of the file (using a different file name) on your computer. Email your saved copy to: info@omnihealthhub.com