

## Basic Applied Statistics with R - Clinical Sciences

Please enroll me for the above course

Salutation ..... First name ..... Surname .....

Profession: .....

Place of Employment .....

Mailing address: (please check relevant box)       Home       Work place

.....  
.....

Telephone: (W) ..... (H) ..... (M) .....

E-mail address: .....

### CONDITIONS FOR BOOKING

Booking forms must be completed in full, signed and returned with the appropriate fee. Failure to do so will result in delayed registration and access to the course. Once a set of modules is purchased and electronic access to those modules is granted, no refund is possible if an applicant chooses to withdraw or discontinue the course. All cancellations will incur an administrative charge of €30.

Payment of fees can be made in the following ways:

Cheque made payable to SAHRU and forwarded to:

Marlen Carvalho  
SAHRU  
Department of Public Health & Primary Care  
Trinity College Centre for Health Sciences  
Tallaght Hospital (AMINCH)  
Tallaght  
Dublin 24, Ireland

I have read and accept the conditions for booking a place on this course and enclose a cheque for .....

Signature..... Date.....

### **Bank Transfer:**

If fees are being paid via a bank transfer, ***please include details of the payment on booking form when submitting your application***. This will enable us to identify your lodgment as soon as its cleared by the bank. Please contact our office if you do not receive confirmation of your registration within a reasonable delay of your transfer.

Fees may be lodged directly to the following Bank account:

**Name:** SAHRU Ltd.  
**Account no:** 71874780  
**Sort code :** 99-06-25

**Bank:** Permanent TSB  
**Address:** 17 Grafton Street, Dublin 2.

I have read and accept the conditions for booking a place on this course and confirm the fee of:.....has been lodged directly to TCD No 1 Account.

Signature.....Date of transfer.....