

**Participant Enquiry for Self-Management Course**

<p>I am interested in attending any course which takes place in :  <b>Weymouth/Dorchester/Bridport/Portland/                  Lyme Regis/Littlemoor/Wyke                  Regis/Christchurch/Wareham/Wimborne/Swanage/Sherborne/Stalbridge</b></p> <p>(Delete as necessary)</p>
---

<b>Personal Details</b>	
<b>Forename :</b> Mr/Mrs/Miss/Ms	
<b>Surname :</b>	
<b>Address :</b>	
<b>Post Code:</b>	
<b>Telephone No :</b>	<b>Day :</b>
	<b>Evening :</b>

<b>Age :</b>	<b>18-25</b>	<b>26-46</b>	<b>47-59</b>	<b>60-65</b>	<b>66-85</b>	<b>85+</b>
--------------	--------------	--------------	--------------	--------------	--------------	------------

Please indicate below any preferences for when you are available to attend an EPP Course :

<b>Mon am</b>	<b>Mon pm</b>	<b>Tues am</b>	<b>Tues pm</b>	<b>Wed am</b>	<b>Wed pm</b>	<b>Thur am</b>	<b>Thur pm</b>	<b>Fri am</b>	<b>Fri pm</b>

**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 Jane Austin, Dorset Primary Care Trust, FREEPOST NAT6275, DORCHESTER, DT1 2PN (No Stamp Required)**