

Insulin Pump Training Courses for

Health Care Professionals

The Village Hotel, Deansleigh Road, Bournemouth, Dorset, BH7 7DZ

Thursday 23rd and Friday 24th October 2025

Thank you for your interest in our Insulin pump course. The Course will be held at Village Hotel, Bournemouth. (<https://www.village-hotels.co.uk/hotels/bournemouth/>)

To book a place on this course, please complete the form below and send to Julia Knott, Course Organiser, [Julia.knott@nhs.net](mailto:Julia.knott@nhs.net) Your place will not be secure until we have received your funding details. Any cancellations within one month of the course will be charged in full.

The cost of a 2 day course at the Village Hotel with all day time refreshments and an evening meal on the Thursday evening at the venue will be £440 per person. (Accommodation is not included)

Please arrange and fund your own accommodation. The Village Hotel offer a corporate rate of £93 per night B & B but early booking is advisable. It is not always available as it depends on the occupancy levels at the time. You can book via the following link: [https://www.village-hotels.co.uk/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.village-hotels.co.uk%2F&data=05%7C01%7CEmma.Jenkins%40uhd.nhs.uk%7C3011a08b780b43fb7cb608da7a0880e9%7Cffd041eb8ec54f3295b2b27b1e116c5d%7C0%7C0%7C637956474198275113%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=6rbjIMBfgFc3sjuiCWE2GvCvdMBuFKaQu1Pqg9Cahtw%3D&reserved=0) and select the hotel and dates. Where it says 'promotional code', enter the rate code: RBRNH. This will then bring up the corporate rate if it is available. If it is not available it will then just give the best available rate.

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| **Name (s)** |  |
| **Job Title** |  |
| **Place of work** |  |
| **Contact Address** |  |
| **Contact Telephone number** |  |
| **Email address** |  |
| **Funding**  *(delete as applicable)* | **Self-Funded**  **Employer** |
| **Full name and correct address of Trust (or alternative) who will be paying for your attendance** |  |
| **Contact person and address to whom the invoice should be addressed** |  |
| **Email address of funder** |  |
| **Any additional requirements: dietary/visual/hearing** |  |