

**UNIVERSITY OF HUDDERSFIELD CPD REGISTRATION FORM
2009/2010 ACADEMIC YEAR**

Enrolment Code/ Route:	
Block/Occurrence:	Month Code:

**** Please complete all information below in either typeface or BLOCK CAPITALS ****

Course Title:	The Serious Case Review: the impact of Haringey
Commencement Date:	Wednesday 10 th March 2010 9.30am – 12.30pm
01 Surname	
02 Forename(s)	
03 Maiden Name/Previous Names	
04 Title (Mr, Mrs, Miss, Dr, Prof):	
05 Date of Birth (e.g. 19 August 1978):	
06 Gender (male or female):	
07 Home address (including Post Code):	
08 E-mail address:	
09 Home Telephone Number:	
10 Mobile Number:	
11 Job Title:	
12 Employer Name and Address:	
13 Employer Trust/Authority	
13 Have you been registered as a student at the University of Huddersfield before?	Yes/No If Yes, Student Number:
14 If yes, please state course and when taken.	

I am aware that the university will create and maintain computer and paper records about me, both during and after my course; these records will be processed in compliance with the Data Protection Act 1998. I consent to the processing of such data for any purposes connected with my studies and understand that information in the records may be used for reports both internally within the University and to external bodies.

Student Signature: _____ Date: _____

Please return by post or email to: Doreen Wallace, HW1/22, School of Human & Health Sciences, University of Huddersfield, Queensgate, phone 01484 473490, e-mail d.j.wallace@hud.ac.uk