

The sessions are for East Lancashire and Blackburn with Darwen Providers **Only**



Bookings can be made via the Bookwhen website using the following link – <https://bookwhen.com/regulatedcare>

If you are unable to access the link please click on the link in the training section of the PL Care Sector Bulletin

[PL- Care Sector Bulletin - click here](#)

- Managers or senior members of staff must make all bookings and provide an email address.
- Some sessions have a limited availability. There will be a maximum number of places that can be booked per provider for each date.

SCHEDULE

| Select date | Choose your course from the list on the left |
|----------------------|---|
| April, 2019 | |
| 29 Mon 9pm - 1am | Male Catheterisation F2F Royal Blackburn Hospital RN's only |
| May | |
| 1 Wed 1pm - 3pm | Internal & External Catheter Care Workshop - Walshaw House |
| 7 Tue 10am - 11:30am | Mental Capacity Act Virtual |
| 8 Wed 1:30pm - 4pm | Basic Life Support Train the Trainer F2F Burnley General Hospital |
| 1.45pm - 3.45pm | Pressure Ulcer Prevention Training (PuP) Royal Blackburn Hospital |

Mental Capacity Act Virtual [View details](#)

Tuesday, 7 May '19 10am - 11:30am **Click select then view selection**

Virtual via Telemedicine Laptop

58 spaces available

TICKETS

Virtual

58 available

[Select](#)

[View selections](#)

1. Please complete all attendee's names.
2. The email address can be completed for 1st attendee and left blank for the others.
3. Add the town you are based in.
4. Click Continue.

You will then receive an automated booking email containing the booking information and link to the MS Teams session. **Please forward this email to all those you have booked on and advise them they will need to click the "View online event" button where then will then have access to the MS teams link.**

Please note, no reminder for these sessions will be sent, please ensure you and those booked on make a note of the date and time.

1ST ATTENDEE

Full name: First name Surname

Bookers email address:

Care Home/Care Provider Name:

[Remove attendee](#)

2ND ATTENDEE

Full name: First name Surname

Bookers email address:

Care Home/Care Provider Name:

[Remove attendee](#)

Booking details

Town/Location:

[Continue](#)