



**VISIT REQUEST FORM**  
**ST ANDREW'S HEALTHCARE**

**Name and Address of Organisation:**

**Telephone No:**

**Details of Organisation:**

(e.g. professional Body, Private Hospital, School of Nursing, Purchasing Organisation etc)

**Name and Position of Applicant:**

**Names of all persons intending to visit (including applicant if applicable) together with their positions and organisations (*maximum of 9*):**

1.

2.

3.

4.

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9.

P.T.O

**Specific areas of interest to members of the visiting party:**

**Objectives of visit and expected outcome:**

**Please could you let us know how you heard about us:**

**Please give 3 dates when you would be available to visit St Andrew's Healthcare  
(giving at least 3 weeks notice):**

**Date 1.....**

**Date 2.....**

**Date 3.....**

**Estimated arrival time:..... Estimated departure time:.....**

**The visit will be arranged and confirmed in writing, after which changes or cancellations should be brought to our attention at the latest 48 hours prior to the visit.**

**Due to the demand for these visits, they cannot always be rearranged if a group cancels or fails to attend on the confirmed date.**

**Please send your completed form to the following address:**

**Directorate of Strategic Development and Marketing  
St Andrew's Healthcare,  
Billing Road  
Northampton  
NN1 5DG**

**Tel 01604 616000**

**Email [admin@standrew.co.uk](mailto:admin@standrew.co.uk)**