

# Course Application Form

## FUTURE SURGEONS: KEY SKILLS

<b>Course Details</b>	<b>COURSE DATE:</b>	<b>FRIDAY 30<sup>th</sup> MARCH 2012</b>
	<b>DURATION:</b>	<b>1 Day: 0830 - 1630</b>
	<b>FEE:</b>	<b>£95 or £85 for RCSEd affiliates</b>
	<b>APPLICATION DEADLINE:</b>	<b>FRIDAY 24<sup>th</sup> FEB 2012</b>

<b>Personal Details</b>  <i>Please write clearly</i>	RCSEd Affiliate Number (if applicable): _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Forename: _____		
	Surname: _____		
	Position & Department: _____		
	Hospital: _____		
	Address for all Correspondence: _____		
	E-Mail: _____		
	Mobile No: _____		
	Any special dietary requirements: _____		
	Hotel List Required? Yes / No		
How did you learn about this course? <i>Colleague / Website / Other:</i> _____			

<b>Terms &amp; Conditions</b>	Confirmation of your course place will be sent as soon as possible.
	COURSE PLACES CAN ONLY BE AWARDED UPON RECEIPT OF THE RELEVANT COURSE FEE. Whilst every attempt will be made to keep to the previously advertised dates, Trent Simulation and Clinical Skills Centre reserves the right to reschedule or cancel without prior notice any course date. In such circumstances reasonable efforts will be made to notify candidates but the Trust will not accept liability in respect of any hotel or travel costs.
	CANCELLATIONS MUST BE MADE IN WRITING. The following cancellation fee will be levied:
	Less than 4 weeks before course date: HALF COURSE FEE
	Less than 2 weeks before course date: FULL COURSE FEE
	Substitute delegates will be accepted at any time.
	Submission of the Course Application Form indicates that you are aware of the centres Health & Safety Policy. Please tick the box to confirm that you have read and understood the terms and conditions above. <input type="checkbox"/>
The Trent Simulation & Clinical Skills Centre maintains a secure database for the organisation of its courses. Information you supply on this booking form will be held in accordance with the Data Protection Act. The information will be retained to facilitate future bookings and to inform you of other events offered by the Trent Simulation & Clinical Skills Centre at QMC. Please tick the box if you do not wish information supplied to us to be used in this way. <input type="checkbox"/>	

<b>Payment Details</b>	It is your responsibility to ensure that payment is received prior to the course date. Application forms shall be returned if not accompanied with the correct course fee.
	I enclose a CHEQUE for the sum of <b>NINETY-FIVE POUNDS</b> or <b>EIGHTY-FIVE POUNDS for RCSEd affiliates</b> made payable to: <b>“Nottingham University Hospitals NHS Trust ”</b>
	<b>Local Trainees:</b> Upon receipt of your course application & cheque payment, you shall be forwarded a receipt letter and course programme. Please enclose a copy of these documents when claiming reimbursement of course fees from your study leave co-ordinator.
<b>Please return this form to:</b> <b>Melody Cotes, Centre Administrator, Trent Simulation &amp; Clinical Skills Centre, C/O Post Grad Centre, Queens Medical Centre Campus, Nottingham University Hospitals NHS Trust, Nottingham, NG7 2UH</b> <b>Contact Details: (0115) 924 9924 ext 67095 E-mail: melody.cotes@nuh.nhs.uk</b>	