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| RCS Accredited Surgical Education Centre | Introduction to EBUS Course**Tuesday 10th December 2013** |  |
| APPLICATION FORM |
| COURSE DETAILS |
| Venue: | University Hospital Llandough, Penarth |
| Date:  | Tuesday 10th December 2013 |
| Fee: | £250 |
| PERSONAL DETAILS |
| Surname: |  |
| First name: |  |
| Title: |  | GMC No: |  |
| Address: |  |
|  |
|  | Post Code: |  |
| Date of Birth:Age: |  |
| Daytime telephone: |  |
| Mobile telephone: |  |
| E-mail address:(we will contact you by email with relation to the course) |  |
| Dietary requirements: |  |
| Are there any other requirements that you would like to make us aware of? |  |
|  |  |
| Do you require information about local accommodation? | Yes / No |
| Current Grade: |  |
| Hospital: |  |
| If SpR level:- How many Brochoscopies procedures have you performed? |  |

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| FINANCE |
| *Please note that the course fee does not include accommodation* |
|  |  |
|  | **I would like to pay by credit card** and attach a completed credit/debit application formNB: your application will not be processed unless an authorization form is attached) |
|  | Please invoice my health authorityNB: invoices will only be issued if approved study leave documentation is provided and HA contact are detailed below. |
|  | Heath Authority Contact: Name, Address & telephone Number: |
|  |  |
| PUBLICITY |
| How did you find out about this course? |
| Poster |  | WIMAT Website | Cardiothoracic Society |  |  |
| Mailing |  | Colleague | Underoak Website |  |  |
| Tutor |  |  | Other (please specify) |  |  |

**Cancellation Policy**

In the event of withdrawal from the course, an administration charge of 10% of the total course fee will be charged **up to** **six** weeks prior to the start date of the course. 100% of the total fee will be charged **within** **six weeks** of the start date of the course. Delegates wishing to transfer from the original course date will be charged a 10% administration fee. This is in line with study leave regulations.

While we make every effort to run courses as advertised, we reserve the right to change the timetable and/or the teaching staff without prior notice and to cancel any courses without liability (in which case there will be a full refund of course fees to delegates).

**Please be aware that this cancellation policy will be strictly adhered to and by signing the form below you are agreeing to the above statement.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please inform us of a change of contact details.

Details will be held in accordance with the Data Protection Act 1998

Please return this form and your course fee to:

Course Co-ordinator T: 029 20 682131

WIMAT E: wimat@cardiff.ac.uk

Cardiff Medicentre F: 02920 682132

Heath Park W: www.wimat.org

CARDIFF CF14 4UJ