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|  | **BASIC SURGICAL SKILLS COURSE**  *Approved by The Royal College of Surgeons of England*  **Wednesday 6th – Thursday 7th September 2017**  John Lister Postgraduate Centre  Wexham Park Hospital, Slough  **Course Fee: £650.00** |

**Incomplete or illegible forms will not be processed. Applications received after the closing date or sent without the appropriate payment will not be considered.**

**CLOSING DATE FOR APPLICATIONS: 6 August 2017**

Please complete **all shaded sections** of this application form in **BLOCK CAPITALS**

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| **Full Name:** |  | | | | |
| ***Optional: Preferred first name for badge:*** | | |  | | |
| **Address** (for pre-course material; material must be signed for): | | | | | |
|  | | | | | |
|  | | | | **Postcode**: |  |
| **Tel (mobile)**: |  | | | **Tel (work)**: |  |
| **Email Address (please print clearly as confirmation and programme etc will be sent by email)**: | | | | | |
|  | | | | | |
| **Date of Birth:** |  | | | **GMC No**: |  |
| **Grade:** |  | | | **Specialty** |  |
| **Address of Base Hospital (at time of course):** | | | | | |
|  | | | | | |
|  | | | | **Postcode**: |  |
| **Name of Surgical Tutor:** | |  | | | |
| The course director may feed back to your surgical tutor. | | | | | |
| **When are you proposing to take the MRCS exam**? | | | |  | |
| **Special dietary requirements**: | |  | | | |

**Course Material:** Course manual will be sent out, to the address provided on this application form, approximately 2-3 weeks prior to course dates. Please advise us, in writing, of any change of address before this four-week period. Failure to do so will result in a (additional) charge for a replacement/lost manual. Please note that you will be required to sign for the course materials. If you work at Wexham Park, you will be expected to collect your course materials in person.

**Payment Details:** Applications will not be considered unless payment for the full amount is enclosed. Please note our cancellation policy. See payment options below.

Cancellation Policy: In the event that you have to cancel your confirmed place and we are unable to find a replacement, a cancellation charge will be incurred as follows:

15 – 21 days notice 50% of course fee

0 – 14 days notice 100% of course fee

All course materials must be returned to the course Director/ Administrator within 10 working days of your cancellation, or the cost of the materials and postage will be added to the cancellation fee.

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 courses without liability (in which case there will be a full refund of course fees to participant).

**Signature\***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*I have read and understood the above terms for course material and the cancellation policy.*

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| Please send application, with full payment to: | |
| BSS Course Administrator  John Lister Postgraduate Centre  Wexham Park Hospital  Slough SL2 4HL | **OR**  email (with payment confirmation)  [joana.carmo@fhft.nhs.uk](mailto:joana.carmo@fhft.nhs.uk) |

**Payment Options**

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| **Payment by BACS:** | **Quote reference: ‘PGMC BSSC’** | | |
|  | **Bank Address:** | Marble Arch Corporate Banking Group  PO Box 32016  London NW1 2ZH | |
|  | **Bank Name:** | Barclays Bank PLC | |
|  | **Bank Sort Code:** | 20-03-53 | |
|  | **Account No:** | 90300780 | |
|  | **Account Name:** | Frimley Health NHS Foundation Trust - HWPH | |
|  | **IBAN No:** | GB06 BARC 2003 5390 3007 80 | |
|  | **SWIFT No** | BARC GB 22 | |
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| **Payment by cheque:** | Cheques can be made Payable to “Frimley Health NHS Foundation Trust”.  Send, with application, to: | | |
|  |  |  | |
|  | BSS Course Administrator  John Lister Postgraduate Centre  Wexham Park Hospital  Slough SL2 4HL  United Kingdom | | |
|  |  | |  |
| **Payment by card:** | **Please quote reference: ‘PGMC BSSC’** | | |
|  | Contact the Finance Team on: 01753 63 3581/3/4 | | |
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