



Workshop Day on Safe Management of Airway stents, laryngectomy and tracheostomy patients

Tuesday 7th April 2020

Clinical Skills & Simulation Centre, South Parade, London SW3 6LL

Application form

Dr / Ms / Miss / Mr / Mrs First Name:Surname:

Work address:.....

.....City:..... Postcode:.....

E-mail address:Contact telephone:

Current Job Title:Supervisor:

Place of work: (please tick one of the boxes) Royal Brompton Harefield Royal Marsden

Other _____

Department: (please tick one of the boxes) Intensive Care Medical HDU Operating Theatre

Surgical HDU Respiratory ward Rehabilitation ward Other _____

Source where you were recommended this course:.....

Special Dietary requirement (known allergies):

Notes on Registration:

In order to secure a place, please return this completed form to: s.uddin@rbht.nhs.uk and proceed with payment by credit / debit card.

You will receive an email confirming your place when our finance team receives your payment.

FEE IS NON-REFUNDABLE IF CANCELLATION LESS THAN 4 WEEKS BEFORE THE COURSE.

FULL REFUND WILL BE OFFERED IF CANCELLATION MORE THAN 4 WEEKS BEFORE THE COURSE.

Please tick one: Non-RBHT staff £50 RBHT staff £20 (fully refundable)

Payment Method: Credit / Debit Card (Mastercard / Visa)

Please debit my Mastercard /Visa /Delta card for the amount for £ ____ . ____

_____ Name on card: _____

Expiry Date __ / __ Start Date __ / __ Security Code ____

Signature..... Date __/__/20__

In order to secure a place on this course, please email this completed form to: a.chan-dominy@rbht.nhs.uk