



Application Form for Courses and Events

Name of course/event

Date of course/event

Selection from option offered (eg day 1 only, full course)

Please complete all sections of this application form in **BLOCK CAPITALS**. Incomplete applications **cannot** be processed. When complete, post or fax this form to the address at the bottom of the form.

Title Last name

Other name(s)

GMC Number (if applicable) Date of Birth Gender F M

Home address (including postcode)

Tel Fax Email

Hospital and department

Grade and year Specialty

Are you a Fellow/Member of the College (please tick) Yes No

The information you provide will be held on a College wide database and may be shared with any relevant Specialist Associations located within the building. It will be used to process your application and stored in accordance with the Data Protection Act 1998

We would also like to keep you informed of other events and activities that may be of interest to you. If you **do not** wish for your details to be used for this purpose, please tick here.

If you **do not** wish to appear on the list of event attendees, which is available to the participants and organisations supporting this event, please tick here.

In the event of my withdrawing from the course, I understand that an administration charge of 10% (or £50, whichever is greater) of the total course fee will be charged up to four weeks prior to the start date of the course. 100% of the total fee will be charged **within** four weeks prior to the start date of the course, unless a substitute can be found to fill the vacancy or in exceptional circumstances.

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 participant).

Signed Date



Equal Opportunities Monitoring

In line with UK legislation and good practice guidelines, we are asking everyone to complete this section. You are not obliged to provide any of the information in this section, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

Gender

- Female Male

Nationality

First language

Do you have a disability under the terms of the Disability Discrimination Act 1995 (a person with a physical or mental impairment that affects your ability to carry out normal day to day activities which are substantial, adverse and long term)?

- Yes
 No

What is your sexual orientation?

- Bisexual
 Heterosexual
 Homosexual

What is your religious belief?

- Buddhist
 Christian
 Hindu
 Jewish
 Muslim
 Sikh
 Other religion/belief

Indicate a more specific category here:

This information will be recorded electronically with your other data in accordance with the Data Protection Act 1998, but used only for monitoring our business practises.

Ethnicity

Choose one selection from the list to indicate your cultural background

- a) White
 British
 Irish
 Any other white background
- b) Mixed
 White and Black Caribbean
 White and Black African
 White and Asian
 Any other mixed background
- c) Asian or Asian British
 Indian
 Pakistani
 Bangladeshi
 Any other Asian background
- d) Black or Black British
 Caribbean
 African
 Any other Black background
- e) Chinese or other ethnic group
 Chinese
 Any other background