**APPLICATION FORM**

**Name :** ……………………………………………

**Position :** …………………………………………

**Department :** ………………………………….

**Hospital :** ………………………………………..

**Address :** …………………………………………

 …………………………………………

 **POST CODE:** ...………………

**Email:** ……………………………………………

**Phone No.: Daytime:** ……………………………**Mobile:** ……………………

**Experience with Ultrasound for Regional Anaesthesia: BEGINNER / INTERMEDIATE / ADVANCED.**

**(Please tick the appropriate level of your experience. Delegates with similar experience will be put together to enable a uniform and useful experience for all the delegates in that group. If unsure, please tick Beginner. As far as possible, the delegates, whether Consultants/Middle grades or trainees will be put in separate groups.)**

If the application is successful, I will be invoiced for the amount of £ 90.00.

The fee will not be refundable after the 1ST April 2013. The place offered is not transferable. The full day course must be attended to get the Certificate of Completion.

Signed:

Date:

**COMPLETED FORM TO BE EMAILED TO MYRAG@EMAIL.COM**