



The Faculty of Medical Sciences, Department of Clinical Surgical Sciences

# Surgical Skills for Students & Healthcare Professionals

## APPLICATION FORM

Please fill out form in **BLUE** or **BLACK** pen, in **BLOCK CAPITALS**

### PERSONAL DETAILS (This will be the name on your BSS certificate)

Surname		Middle Name	First Name	Title
Date of Birth: Year/Month/Date				
Contact Address				
Tel Number:	Home	Cellular/Mobile	Work	
Email Address		Student Year		
Hospital/Institution			Post & Grade	
Specialty			GMC Number	
Surgical Glove Size		Non-sterile Glove Size	Gown Size	
Meal Type		Allergies		

SIGNATURE (PARTICIPANT/ATTENDEE)

DATE

### Cancellation Policy:

1. Cancellations two months or eight weeks prior to the start of the course will result in the candidate forfeiting 50% of the course fee.
2. Cancellations one month or four weeks prior to the start of the course will result in the candidate forfeiting 75% of the course fee.
3. Cancellations one week prior to the commencement of the course and/or absence from the course will result in the candidate forfeiting 100% of the course fee.

### FOR OFFICIAL USE ONLY

Bank Draft       Cheque       UWI Cashier       Administrative Fee