



DEPARTMENT OF CLINICAL SURGICAL SCIENCES  
**Basic Surgical Skills (Intercollegiate BSS)**  
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

Hospital/Institution Post & Grade

Specialty:

GMC Number:

Vegetarian  
(No Milk, eggs or other dairy)

Non Vegetarian  
(Chicken or Fish)

Chicken

Fish

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