

**APPLICATION FORM**  
**ATLS (Advanced Trauma Life Support) Course**  
**7-9 June 2017**  
**Audrey Emerton Building, Royal Sussex County Hospital, Brighton**

|  |                                  |
|--|----------------------------------|
| Surname:   |                                  |
| Forename:  |                                  |
| Date of birth:   |                                  |
| Home correspondence address:                           |                                  |
|  |                                  |
|  |                                  |
| ☎ Daytime telephone:                                   |                                  |
| 📱 Mobile:  |                                  |
| @ Email:   |                                  |
| Grade:   |                                  |
| Specialty:   |                                  |
| GMC Number:  |                                  |
| Hospital at which you work:                            |                                  |
| Have you successfully completed an ATLS Course before? | [ ] Yes. If yes, when:<br>[ ] No |
| What will your next job be?                            |                                  |

**Please ensure you have enclosed/done the following:**

- A cheque for £600 made payable to 'BSUH 0035042/4550' or, if you wish to pay by card, Credit/Debit card payments can be made once you have been offered a place on the course (please see application letter for more information). Surcharges for card payments are: 0% Debit cards, 2.5% Credit Cards and 3% American Express.
- Details of any special dietary requirements or whether we need to take into account any physical disability.

**Please return this form to:**

Katie Teague, ATLS Course Administrator, Medical Education Centre, Audrey Emerton Building, Royal Sussex County Hospital, Eastern Road, Brighton, BN2 5BE or email: [katie.teague@bsuh.nhs.uk](mailto:katie.teague@bsuh.nhs.uk)

**DECLARATION:**

I confirm that I will read the manual and complete the pre-test before the start of the course.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

| Title of course | Date of course | Fee per course |
|-----------------|----------------|----------------|
| ATLS Course     | 7-9 June 2017  | <b>£600:00</b> |