

**Healthcare Leadership for Medical Trainees**

**APPLICATION FORM**

Course Location:Marriott Hotel

Pipers Way

Swindon

SN3 1SH

Course Date: 23rd November 2017 from 9:00 to 17:00.

Please complete in **BLOCK CAPITALS**

Title (Please circle): DR / MR / MRS / MISS / Other (please specify)

**Forename:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specialty:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate if you have any special dietary requirements/restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a foundation trainee?** YES NO N/A – Great Western Hospital Foundation trainees have funded places.

**The full course fee of £75 deposit can be paid by cheque or credit card.**

**By Credit Card**: □ Please contact the GWH Library on 01793 604596 quoting reference J66371-4558. Please ask the library staff to confirm payment to us so your place can be reserved.

**By Cheque:** □ I enclosed payment of £75 deposit cheque.

Please make cheques payable to: *Great Western Hospital NHS Foundation Trust*

*Signature ……………………………………………………. Date: …………………………………………..*

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**Deadline for Applications – Friday 10.11.17**

Please return the completed form (and cheque if appropriate) as soon as possible.

Max Zani, The Academy, Great Western Hospital, Marlborough Road, Swindon SN3 6BB.

Tel: 01793 605486. E-Mail: m.zani@nhs.net