** S.O.D.A **

**Sheffield Obstetric Difficult Airway Course**

**SODA Course Application Form**

**June 12th 2017 R Floor , Royal Hallamshire Hospital**

|  |  |
| --- | --- |
| Title |  |
| Forename |  |
| Surname |  |
| Post (please circle) | Consultant ST Other ODP |
| Hospital |  |
| Contact telephone number |  |
| Address for correspondence |  |
| Email address |  |

|  |  |  |
| --- | --- | --- |
| Preferred payment method  (Please circle) | Cheque | Bank transfer |

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| --- | --- | --- | --- |
| Cost payable | Consultant £100 | Trainee £50  Non-Consultant | ODP Free |

**Return application form to : Dr Laura Hammon at** [**SODAcourse@gmail.com**](mailto:SODAcourse@gmail.com)

**Bank Transfer: Reply email confirmation with provide telephone transfer details C/O Kate Guest**

**Cheques made payable to: “Sheffield Teaching Hospitals NHS Foundation trust”**

Send in a stamped addressed envelope to :

SODA Course, C/O Kate Guest, Clinical Skills Centre R Floor, Royal Hallamshire Hospital

Sheffield Teaching Hospitals NHS Foundation trust, Sheffield S10 2JF