



Resuscitation Council (UK)



NEWBORN LIFE SUPPORT COURSE

APPLICATION FORM TO THE HULL CENTRE

PLEASE PRINT CLEARLY USING BLOCK CAPITALS

DATE OF SENDING THIS APPLICATION.....Dr Mr Mrs Miss Ms.....

FORENAME.....SURNAME.....

ADDRESS (Let us know if you move before the course).....

.....

.....POST CODE.....

Tel. No: (day).....Tel. No: (Evening).....

E-mail..... Male/Female (Delete as appropriate)

POSITION HELD & SPECIALITY.....

GMC/NMC or other professional registration number.....

HOSPITAL.....

DATE REQUIRED

29th Sept 2008

19^h Jan 2009

8th June 2009

28th Sept 2009

Would you like to be offered a place on an earlier course in Hull, if one becomes available?

Yes

- ◆ Places are allocated on a first-come first-served basis. Early application is recommended.
- ◆ A place can only be confirmed on receipt of a cheque for the course fee.
- ◆ Course Fee £150 Make cheque payable to: Hull and East Yorkshire Hospitals NHS Trust

TO REGISTER, APPLICANTS MUST RETURN THIS FORM AND CHEQUE TO:

Mr Neil Jennison
 NLS Course Organiser
 Resuscitation Department
 Craven Building
 Hull Royal Infirmary
 HullHU3 2JZ Direct Line 01482 674867

GILBERT SHEET No:.....