**Queens Hospital**

**FRCS (Orth) Clinical  Course**

Saturday 6th October 2018

 **APPLICATION FORM**

|  |  |  |
| --- | --- | --- |
| 1 | Full Name |  |
| 2 | Home Address |  |
| 3 | Telephone Number |  |
| 4 | E mail Address |  |
| 5 | Current Position & Hospital |  |
| 6 | Are you on a Training Programme |  Yes /NO (If not in Training Programme- go to Q 9)  |
| 7 | Deanery |  |
| 8 | Year of Training & Training Number |  |
| 9 | Date of Written Exam Passed |  |
| 10 | Date of Clinical Exam |  |
| 11 | Have you received the confirmation for the above date? |  Yes /No  (Please provide the proof for getting preference) |
| 12 | Special Dietary Requirements |  |
| 13 | How did you hear about this course? |  |
| 14 | Signature |  |

\* All the questions on application form should be answered.

\*\* Incomplete applications will be rejected

Places available on course- 20

Preference will be given to candidates taking exam in November 2018. (Proof of evidence and a letter of recommendation from your consultant may be requested).

Course Fee- £250

Selected candidates will be informed about the bank details for funds transfer by 2nd week of September.

Please return the application form to-

**Postal address**

Mr.K.Vemulapalli

Queens  FRCS(Orth) Course

PO Box 4421

Hornchurch

RM12 9FB

Contact us

email- queensfrcscourse@gmail.com

Phone- 0208 9708116