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| --- | --- | --- | --- | --- | --- |
| **SURNAME:** |  | | **TITLE:** |  | |
| **FORENAME:** |  | | | | |
| **JOB TITLE:** |  | | | | |
| **DEPARTMENT:** |  | | | | |
| **HOSPITAL:** |  | | | | |
| **POSTCODE:** |  | | **EMAIL:** |  | |
| **Home Telephone:** |  | | **MOBILE NUMBER:** |  | |
|  |  | |  |  | |
| **Further details:** | | | | |
| **How did you hear about this course?** | |  | | |
| **Please state any special dietary requirements:** | |  | | |
|  | | | | |
| **Please state to whom invoices should be addressed (if no alternative contact is given, all invoices will be directed to the applicant)** | |  | | |
| **Signed:**  **Date:** | |  | | |

**APPLICATION FORM**

**COURSE TITLE: HAND FIXATION COURSE (Alan Middleton)**

**COURSE DATE: 25 – 26 JULY 2019 (2 days)**

**REGISTRATION FEE: £295. Registrations must be received by: 7th June 2019**

**CODE OF CONDUCT AND INFORMATION FOR PARTICIPANTS**

**WORKING IN THE NEWCASTLE SURGICAL TRAINING CENTRE**

These instructions have been written with your own personal safety and the safety of others in mind. Please help us to ensure your course runs safely and successfully.

* All personal belongings such as coats and bags **must be** left in the Male and Female changing rooms
* Locker keys are kept in the doors. Property and valuables are left at your own risk**. Please do not take them into the practical area.**
* Safety spectacles are provided; these should be used as and when appropriate.
* When using fresh frozen cadaver material wear surgical gloves.
* **Remove all gloves, gowns and aprons before leaving the NSTC facility.**
* When using laparoscopic equipment, ensure the scope is replaced into the holder when not in use to avoid accidental damage.
* Please report any breakages to a member of the Technical Resources Team.
* Please **do not** bring food or drink into the practical area.
* At the end of each day, please make your working area as safe as possible by ensuring all sharps are disposed of safely, all equipment is turned off and that your station is tidy not only for your safety but for those clearing away.
* Attendance register must be signed on arrival in the centre.

**HOUSE RULES IN THE SURGICAL TRAINING CENTRE**

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| **COURSES USING:** | **FRESH FROZEN**  **CADAVER TISSUE** | **ANIMAL TISSUE** | **DRY COURSES** |
| **Must wear** | >Surgical Scrub Suits  >Disposable Surgical Gowns  >Disposable Surgical gloves  >Surgical Clogs  >Face Masks  >Eye Protection | >Disposable Plastic Gowns  >Surgical Gloves | >Disposable Plastic Aprons |
| **Available** | **> Caps**  **> Face Masks**  **>Full Face Visor**  **>Eye Protection**  **>Face Masks** | **>Caps**  **>Face Masks**  **> Surgical Clogs**  **>Eye Protection**  **>Full Face Visor** | **--** |

**Fresh-Frozen Cadaver courses**

All course participants (faculty, trainees, surgical resources team) to observe operating theatre protocol meticulously. This includes the wearing of gloves, the wearing of masks, the wearing of surgical clogs and the safe disposal of scalpel blades and other sharps.

**YOU ARE REQUIRED TO TREAT THE CADAVERS WITH RESPECT AT ALL TIMES**

Please note that it is your responsibility to place all needles, scalpel blades and other sharps in the sharps containers provided, at the end of each practical session.

Remember, under the **Health & Safety at Work Act 1974** you have a Duty of Care to the workshop technicians and to other participants. Any failure to comply with this will be recorded and reported. By signing this form you agree to the terms and conditions of this.

**NO PHOTOGRAPHY** (including by mobile phone) of cadavers or cadaver tissue, unless with the express and specific permission of NSTC Staff, under the Human Tissue Act (2004).

*Any photographic requests must be received prior to your event to ensure consent has been obtained from the donor*

**SOCIAL MEDIA**

**Strictly no photos on social media can be shown of a donor or a specimen. This will be treated as gross misconduct and is a serious breach of the HTA guidelines.**

# DISCLAIMER

**I hereby comply with Trust Health & Safety and Infection Control guidance whilst on site.**

**Internet Access to policies and regulations can be made through the Newcastle Surgical Training Centre in the Administration office or Seminar room 1.**

**In no event shall I hold the Newcastle Upon Tyne Hospitals NHS Foundation Trust liable for any special, incidental or consequential damage of any kind resulting from my failure to ensure that that I have adequate protection against blood borne viruses that I may come into contact with, as part of my visit to the Newcastle Upon Tyne Hospitals Surgical Training Centre.**

**I was informed that I should have ensured that I had received adequate immunisation**

**i.e. HEPATITIS B & BCG Vaccination**

**I acknowledge and agree to comply with all requirements of the Code of Conduct**

Signed

Printed Name

Hospital

Date 25th – 26th July 2019

Completion of this form does not absolve the Trust from its obligation under Health and Safety Legislation

**Thank you for your co-operation, NSTC, Newcastle Upon Tyne Hospitals NHS Trust**

**Newcastle Surgical Training Centre On line Credit Card Payment Authorization Form**

Sign and complete this form to authorize **Newcastle Surgical Training Centre** to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

Please state Name: I ……………………………………………………………………… authorize Newcastle Surgical Training Centre to charge my credit card   
**HAND FIXATION COURSE 2019**

**Delegate fee: £295**

|  |  |  |
| --- | --- | --- |
| **Address including Postcode:** | |  |
|  | |  |
| **Email:** | **Phone:** | |  |

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| Account Type:  Visa  MasterCard  Discover **WE DO NOT ACCEPT DINERS CLUB OR AMEX**   |  |  | | --- | --- | | **Cardholder Name** |  | | **CARD Number** |  | | **Expiration Date** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Valid from date**  **Security number(3 digit number on back of Visa/MasterCard** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­ | |  |  | |

**SIGNATURE: DATE:**

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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| **BACS DETAILS**  Newcastle Upon Tyne Hospitals NHS Trust  Bank Details for Transfer of Money. | |
| **Bank Name** | **HSBC** |
| **Bank Address:** | **110 Grey Street**  **Newcastle upon Tyne**  **NE1 6JG** |
| **Sort Code:** | **40-34-18** |
| **Account No.:** | **41763709** |
| **Account Name:** | **NUTH No.1** |
| **IBAN No.:** | **GB86MIDL40341841763709** |
| **SWIFT Code:** | **MIDLGB2108J** |
| **Reference:** | **SURGTRAINING** |

