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| **Acute Medical Emergencies Booking Form****Friday 28th October 2016**Post Graduate Medical Education CentreBristol Royal Infirmary |
| **Name** (as you would want to appear on your certificate) |  |
| **Address** |  |
| **Telephone** |  |
| **Email address** |  |
| **CMT/ACCS** |  |
| **Year (1, 2, 2b)** |  |
| **Trust** |  |
| **Dietary requirements** |  |

**Check list**

I have enclosed:

 A cheque for £50 made payable to ‘Health Education England’

I understand if I cannot make the course I have up until 24th October 2016 to cancel my place after which I will lose my deposit. If I attend the training I will have my cheque returned and the course is free if I am a CMT or AIM ACCS 2b trainee.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the form to:

**Zoe Jones**

**21 School Hill**

**Chepstow**

**Monmouthshire**

**NP16 5BZ**