

**COURSE APPLICATION FORM**

Please contact our administration team for availability before returning this form:  
 Telephone 0113 2466330 Email [sht-tr.nepsec@nhs.net](mailto:sht-tr.nepsec@nhs.net) Website: [www.nepsec.org.uk](http://www.nepsec.org.uk)

**DETAILS OF THE COURSE FOR WHICH YOU WISH TO APPLY:**  
 COURSE TITLE: COURSE FOR THE EXPERT ROLE IN SPECIMEN DISSECTION 2018/2019

**DELEGATE INFORMATION:**

TITLE:	FORENAME:	SURNAME
JOB TITLE:		
EMPLOYMENT ADDRESS:		
TELEPHONE:	EMAIL:	
SPECIAL REQUIREMENTS: (i.e. Dietary, access etc.)		

**Please indicate the modules you are applying for in 2018/19 and also provisional dates for any modules you wish to attend in the future:**

Module	2018/2019	Future	Module	2019	Future
Full Programme			Gynaecological and Placental		
Introductory modules (2018)			Gastrointestinal and Hepatobiliary		
Portfolio Preparation and Exam Questions			Genito-Urinary		
Head and Neck & Endocrine			Osteoarticular and Soft Tissues		
Breast			Revision Days (2 days)		
Skin					

**Course fees:** Full Programme = £1350; Single Day Module = £150.00;  
 Participants from NHS organisations from the North East, North West, Yorkshire and East Midlands regions = £15.00 per Single Day Module

**Please indicate if you intend to sit the IBMS diploma of Expert Practice in Histological Dissection and if so when:**

**METHOD OF PAYMENT: Please check our website or contact the administration team for appropriate fees.**

**Cheque:** A cheque is enclosed made payable to 'Sheffield Teaching Hospitals NHSFT'.  
*Unfortunately, we are unable to accept cash payments or cheques in Euros, please contact the NEPSEC for further guidance*

**Employer:** Please send an invoice to the following address:

**Purchase Order Number:** (Required to confirm booking)

*The return of this completed form to the NEPSEC is sufficient to register a provisional place on the course (subject to availability). Please confirm the Purchase Order Number on the booking form. Places on the course cannot be fully secured until a full payment or an official purchase order document is received. The purchase order should be marked for the attention of the NEPSEC (see address below).*

**LINE MANAGER AUTHORISATION:**

*I have given approval for the above named person to attend the North of England Pathology & Screening Education Centre*

NAME:	DESIGNATION:
SIGNATURE:	DATE:

**How did you hear about this course?**

NEPSEC Website	Word of Mouth <input type="checkbox"/>	Conference <input type="checkbox"/>	Journal <input type="checkbox"/>	Other <input type="checkbox"/>
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*If you have selected Conference, Journal or Other please specify here*

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

PLEASE RETURN THIS FORM TO: Administration Team. NEPSEC. Unit 3 Wakefield Office Village. Frvrs Wav. Silkwood Park. Wakefield. WF5 9TJ

**For Office Use Only:**

NEPSEC Stamp:

Total Payment £ \_\_\_\_\_

Cheque Reference/NOD Number: \_\_\_\_\_ Signed \_\_\_\_\_