NEPSEC North of England Pathology and Screening Education Centre

NHS

COURSE APPLICATION FORM

Please contact our administration team for availability before returning this form:

Telephone: 0113 2466330 **Email: sht-tr.nepsec@nhs.net** **Website: www.nepsec.org.uk**

DETAILS OF THE COURSE FOR WHICH YOU WISH TO APPLY:
COURSE TITLE: **COURSE FOR THE EXPERT ROLE IN SPECIMEN DISSECTION 2027**

DELEGATE INFORMATION:		
TITLE:	FORENAME:	SURNAME
JOB TITLE:		
EMPLOYMENT ADDRESS:		
TELEPHONE:	SPECIAL REQUIREMENTS: (i.e. access etc.)	
EMAIL for confirmation and Teams invitation:		

Please indicate the modules you are applying for in 2023 and provisional dates for any modules you wish to attend in the future:

Module	2027	Future	Module	2027	Future
Full Programme			Skin		
Introductory modules (2 days)			Placental and Gynaecological		
Portfolio Preparation and Exam Questions & Head and Neck			Hepatobiliary and Gastrointestinal		
Endocrine (minus pancreas) and Breast			Uropathology and Osteoarticular and soft tissues		
			Revision Days (2 days)		

Course fees: Full Programme = £1600; Single Day Module = £160.00;

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.

☐ **Card:** Please enter contact details below if different from above:

Card Holder name:

Tel: **Email:**

☐ **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 ☐	Conference ☐	Journal ☐	Other ☐
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, Fryers Way, Silkwood Park, Wakefield, WF5 9TJ