

Immediate Medical Care Generic Crowd Doctor Course

**2021 Application Form**

**Spring Course:** Twickenham Stadium **Full Course cost: £650.00** 200 Whitton Road **Recertification cost: £450.00**

Twickenham

TW2 7BA

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GMC Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of club/organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(inc.Postcode)

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Contact Numbers: Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick appropriate box:

**I will attend the Parts 1 and 2 IMC ‘Crowd Doctor’ course**

Friday3rd September, Saturday 4th September and Sunday 5th September 2021

**I will attend the recertification ‘Crowd Doctor’ Course**

Saturday 4th September and Sunday 5th September 2021

Should I pass the course, I agree for my full name and e-mail address to be provided to Sporting Governing Bodies (e.g., RFU) for the sole purpose of being approached for possible Crowd Doctors activities and events (please check as appropriate):

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Signed: ……………………………………………………… Date: …………………………………………………...

Name (please print): ……………………………………………………………………………………………………...

**IMPORTANT notes:**

**Please note: A course place will only be allocated on receipt of full payment for the course. – Cheques to be made payable to “Hill Square Educational Trust” and sent along with the application form to The Royal College of Surgeons of Edinburgh, Nicolson Street, Edinburgh. EH8 9DW**

**The course will not run if there are less than 10 registered three weeks prior to the course. You will be informed if the couse is not going ahead at this time.**

**If you are unable to attend the course please inform us two weeks prior to the course. If you do not inform us at this time and do not attend on the day a £50.00 fee will apply to cover costs of the course. You will not be entitled to a refund unless there are exceptional circumstances.**