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Description automatically generated with medium confidence

Immediate Medical Care Generic Crowd Doctor

& Practitioner Course

**Spring 2023 Application Form**

**Spring Course:** Castle Park **New Attendee Course cost: £650.00**

Armthorpe Road **Recertification cost: £650.00**

Doncaster

DN2 5QB

**Course Format:** Online content to view before attending, in-person Saturday 25th February & Sunday 26th February 2023.

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 ‘Crowd Doctor & Practitioner Course’**

**as a new attendee**

**I will attend the ‘Crowd Doctor & Practitioner Course’**

**as a recertification**

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/Practitioners 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. Please send your completed form by email to** [**fphc@rcsed.ac.uk**](mailto:fphc@rcsed.ac.uk)**. Once received we will let you know if your application has been accepted and will offer you a variety of methods to make payment.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.**