Royal College of Surgeons
ADVANCING SURGICAL CARE

Application Form for Courses and Events

Please complete all sections of this application form in BLOCK CAPITALS. Incomplete applications CANNOT be processed. When complete, post or fax this form to the address overleaf.

Name of course/event

Date of course/event

Selection from option offered *(eg day 1 only, full course)*

Observer *(if applicable)* ☐ Bursary/free place *(please provide evidence)* ☐

Title | Last name

Other name(s)

GMC number or equivalent *(if applicable)* | Date of birth | Gender: F ☐ M ☐

Home address *(including postcode)*

Home tel

Mobile

Email

Hospital and department

Work tel

Fax

Grade and year | Specialty

☐ I am not in a UK training post but have sufficient surgical experience in the required specialty to fulfil the course eligibility criteria.

If in doubt, or if you wish to discuss eligibility, please contact education@rcseng.ac.uk or call 020 7869 6300. Please note that we reserve the right to cancel a booking (and charge a cancellation fee) if a booking is made that contravenes this requirement.

DATA PROTECTION: The information you provide will be held on a College-wide database and may be shared with any relevant specialty associations located within the building. It will be used to process your application and stored in accordance with the Data Protection Act 1998.

☐ We would like to keep you informed of other events and activities that may be of interest to you. If you **do not** wish for your details to be used for this purpose, please tick here.

CANCELLATION AND RESCHEDULING POLICY: In the event of my withdrawing from the course, I understand that an administration charge of 10% (or £50, whichever is greater) of the total course fee will be charged. However, **within** four weeks prior to the start date of the course, the total course fee will be charged unless in exceptional circumstances at the discretion of the College.

While we make every effort to run courses as advertised, we reserve the right to change the timetable and/or the teaching staff without prior notice and to cancel any courses without liability (in which case there will be a full refund of course fees to participant). Note that any consequential losses (eg travel or accommodation costs) incurred in such cases remain the responsibility of the booker, and consideration should be given to taking out appropriate travel insurance for any non-refundable costs.

Signed | Date

Please indicate any special dietary requirements:

If you are attending a workshop-based course, please indicate your glove size:

If you have any special needs owing to a disability or specific learning difficulty, please email education@rcseng.ac.uk or call 020 7869 6300.

Payment details

DISCOUNTS:
If the course description on our website indicates that you may be eligible for a discount, please specify discount type below.
To claim any membership discount you must be a member of this College.
(Please note: a discount can **only** be applied if claimed on this form.)

If you are a fellow/member of this College, is your membership subscription up to date? Yes ☐ No ☐

Discount type:

☐ Cheque for £ _____ *Please make cheques payable to The Royal College of Surgeons of England.*

☐ Please debit my credit card for £ _____

Card type: ☐ MasterCard ☐ Visa ☐ Switch ☐ Delta

Card number: ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐

Cardholder's name:

Expiry date ☐☐/☐☐ Start date ☐☐/☐☐ Security code ☐☐☐ *This is the three digit code on the reverse of your card.* Switch issue no ☐

This form will be held at the College for one year and then disposed of securely in accordance with the Data Protection Act 1998.

Invoice: If your course fees will be paid by a third party (eg trust, hospital, charitable fund, private company) and they wish to be invoiced then they must provide us with an official purchase order. We are unable to process your application without this. As well as stating the name of the participant and the name and date of the course, this should include the full address to invoice and contain a valid purchase order number that covers the full course fee. The purchase order should be attached to this application form. Please note that we can only invoice organisations and not individuals.

Overseas applicants: we can only accept payment by credit or debit card for overseas applicants. We are unable to issue invoices or accept bank transfers.

For the purposes of marketing, please tell us where you heard about this course. If you applied for this course via our website, please tell us where you found our website advertised.

RCS website ☐ RCS *Bulletin* ☐ RCS mailing ☐ Third-party mailing ☐

Other *(please specify)*

Please post or fax your completed form to:
RCS Education
The Royal College of Surgeons of England
35–43 Lincoln's Inn Fields
London WC2A 3PE
Fax: 020 7869 6320

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Equal Opportunities Monitoring

In line with UK legislation and good practice guidelines, we are asking everyone to complete this section. You are not obliged to provide any of the information in this section, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

Gender: ☐ Female ☐ Male

Nationality: _____

First language: _____

Do you have a disability *under the terms of the Disability Discrimination Act 1995 (a person with a physical or mental impairment that affects your ability to carry out normal day-to-day activities that are substantial, adverse and long term)?*

☐ Yes ☐ No

What is your sexual orientation?

☐ Bisexual
☐ Heterosexual
☐ Homosexual

What is your religious belief?

☐ Buddhist
☐ Christian
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ Other religion/belief

Indicate a more specific category here:

_____

Ethnicity

Choose one selection from the list below to indicate your cultural background.

a) White
☐ British
☐ Irish
☐ Any other white background

b) Mixed
☐ White and black Caribbean
☐ White and black African
☐ White and Asian
☐ Any other mixed background

c) Asian or Asian British
☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background

d) Black or black British
☐ Caribbean
☐ African
☐ Any other black background

e) Chinese or other ethnic group
☐ Chinese
☐ Any other background

This information will be recorded electronically with your other data in accordance with the Data Protection Act 1998 but used only for monitoring our business practices.