

## APPLICATION FORM - COURSE OF 5

TOWARDS THE DIPLOMA IN SEXUAL & REPRODUCTIVE HEALTHCARE

Training Venue St Ann's Hospital- Organised by Dr Elena Valarche, Associate Specialist (Course of 5 Convenor) TP 1108

Haringey Contraception and Sexual Health Training Department, St Ann's Hospital, St Ann's Road London, N15 3TH  
Tel: 0208 442 6810

### PLEASE COMPLETE IN BLOCK LETTERS

SURNAME.....

FORENAMES (in full).....

WORK ADDRESS .....

POSTCODE..... TEL. NO.....

Work TEL.NO..... MOBILE NO.....

EMAIL ADDRESS:.....

DATE OF BIRTH.....SEX.....M / F .....

G.M.C. REGISTRATION NUMBER..... Preferred Date:.....

Pre course requirement forms can be also signed off by our intrusting doctors at a fee of £150 if you are not able to get your e-portfolio signed off.

Any special dietary requirement:.....

***PLEASE NOTE A PLACE ON THE COURSE CAN ONLY BE SECURED AFTER WE HAVE RECEIVED PAYMENT.***  
*Registration fee represents 1 day Course and all refreshments*

**Please return this form & a cheque for sum of £375.00 made payable to 'The Whittington Hospital NHS Trust'**

Training Department, St Ann's Sexual Health Department, St Ann's Hospital, St Ann's Road, London N15 3TH  
Tel 020 8442 6810 /6605 Fax 020 8442 6811  
or email to: [whh-tr.ship@nhs.net](mailto:whh-tr.ship@nhs.net)

**Please note if you do not attend the course the whole fee will be forfeited**



