

APPLICATION FORM Travel Medicine

12 - 16 April 2010

PLEASE WRITE IN CAPITAL LETTERS

Surname or family name:

Forename(s):

Title: (Dr/Mr/Mrs etc) _____ Gender: Male Female

Date of Birth: day / month / year

Nationality: _____

Country of Birth: _____

Country of normal residence: _____

Address for correspondence: _____

Postcode: _____

Daytime Telephone No: _____

Mobile No: _____ Fax No: _____

Email address: _____

How and where did you hear about the School and the course to which you have applied?

Advertisement in _____

University Careers Office Employer

From an ex-student of the London School Internet

Conference or Fair in _____

Other – please give details _____

If you have any medical condition, physical or other disability of which the School should be aware or which might call for special arrangements or facilities, you should attach a confidential letter with your application form.

Main degrees or qualifications, diplomas and certificates held:

Approximate Dates

Educational Institution

Name of Course

Degree or Diploma

Please indicate which of the three categories below apply to you.

Doctor / Nurse / Other

Are you currently working in travel medicine? Yes / No

If you wish to attend less than 5 days please indicate those you will be attending.

Monday

Tuesday

Wednesday

Thursday

Friday

What are your main expectations of this course?

Intended source of funding:

SELF FINANCING / SPONSOR

If being sponsored please send a letter of confirmation from your sponsor as soon as possible.

Declaration and signature of candidate seeking admission

I declare that the information given on this application form is correct. I have read and understood the arrangements for payment of tuition fees to which arrangements I will adhere. I confirm that if admitted and while in attendance at the School I will follow the instructions given to me by the course organizers and the authorities of the School. I understand that the School may cancel courses two weeks before the start date if numbers prove insufficient and in those circumstances course fees will be refunded.

Signature: _____ Date: / /

Course Fees

If the course fee is to be paid on the candidate's behalf, please send a letter from the sponsors to confirm this as soon as possible. Otherwise the applicant will be held responsible for payment. Fees are payable in advance by **26 February 2010** and attendance on a course may not begin until fees are fully paid. Cancellation of attendance on a course may lead to loss of all or part of the fee.

Applications should please be sent, with a full CV, to:

Registry, London School of Hygiene & Tropical Medicine, 50 Bedford Square,

London WC1B 3DP, UK. Tel: + 44 20 7299 4648 Fax: + 44 20 7323 0638,

Email: shortcourses@lshtm.ac.uk; Website: www.lshtm.ac.uk/courses