

APPLICATION FORM
Systematic Reviews & Meta-analyses of Health Research
5 - 9 September 2011

PLEASE WRITE IN CAPITAL LETTERS

Surname or family name: _____

First name(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: _____ Country: _____

Daytime telephone: _____

Mobile: _____ Fax: _____

e-mail address: _____

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

- Advertisement in _____
 University Careers Office Employer
 From an ex-student of the School Website
 Conference or Fair in _____
 Other – please give details _____

Main degrees or qualifications, diplomas and certificates held:

Degree	Educational Institution	Date
_____	_____	_____

Course	Degree or Diploma	Date
_____	_____	_____

Most recent employment:

Employer: _____

Position held: _____

Dates of employment: _____

Please describe briefly the work involved _____

Why do you wish to attend this course? _____

Fees and funding:

Are you: SELF-FINANCING SPONSOR

If being sponsored please send a letter of confirmation from your sponsor no later than **29 July 2011**

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 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 no later than **29 July 2011**. Otherwise the applicant will be held responsible for payment. Fees are payable in advance by **29 July 2011** 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.

Please return the completed form to:
Tel: +44 (0)20 7299 4648

Registry, LSHTM, Keppel Street, London, WC1E 7HT, UK

Fax: +44 (0)20 7299 4656

e-mail: shortcourses@lshtm.ac.uk