

BELFAST CITY HOSPITAL

EPLS

APPLICATION FORM

TICK DATE YOU WISH TO APPLY FOR:

***March 28/29** () Closing date 15/2/08

***October 17/18** () Closing date 5/9/08

Surname _____ Forename _____ Dr/Mr/Miss/Mrs

Work Address _____

Postcode _____

Home Address _____

Postcode _____

Tel No: (Work) _____ (Home) _____

Present Post Held _____ **GMC/NMC number ***

Reason for Wishing to Attend this Course _____

Date & Venue of Last EPLS Course _____

Signed _____ Date _____

Please note that manuals will be sent to your work address

The Course fee is £310-00 This includes the course manual, course lunches & tea/ coffee. The fee does not include accommodation.

Special dietary Requirements _____

Cheques should be made payable to Belfast City Hospital. Should your application be unsuccessful, your cheque will be returned.

Completed application forms and a **PASSPORT SIZED PHOTOGRAPH** should be sent with a cheque for £310. Before closing date to:

RESUSCITATION OFFICER,

Level 9, BELFAST CITY HOSPITAL, 51 LISBURN ROAD, BELFAST BT9 7AB _____

FOR OFFICE USE ONLY

Date Received _____ Acknowledged _____

Accepted YES/No

Offered place on next course YES/NO

Cheque retained/returned

Accepted on next course

YES/NO

Please note selection for course will not occur until after the closing date.

Criteria for selection is:

1. Staff working in the Belfast Trust.
2. Staff working with children in acute areas in Northern Ireland
3. Staff working with children in acute areas in Southern Ireland & UK
4. Other staff