



RESUSCITATION DEPARTMENT

Colin Robinson
Resuscitation Officer
Mater Hospital Trust
45 – 51 Crumlin Road,
Belfast. BT14 6AB
Tel. 028 9074 1211 Ext.2242 Bleep 204
Tel. 028 9080 2242
Email colin.robinson@mater.n-i.nhs.uk

Dear Applicant

RE: Resuscitation Council (UK) Approved Advanced Life Support Course

The Mater Hospital Trust, Resuscitation Department, will be running 3 Resuscitation Council (UK) Approved Advanced Life Support (ALS) Courses in 2005 the dates are as follows 2nd & 3rd March, 21st & 22nd September and 30th November & 1st December 2005. If you are interested in attending the course as a candidate please download and complete the appropriate application form from this site. The Mater Hospital Trust runs its ALS courses at the Roe Centre, Knockbracken Healthcare Park, in Belfast. Please ensure that the following accompanies your completed application. A recent passport sized photograph (must be passport quality) with your name printed on the back, or you can email a digital photograph to resuscitation@mater.n-i.nhs.uk. The course fee is £300.00 (Sterling) cheque should be made payable to "Mater Hospital Trust" and crossed A/C Payee.

Please complete and return the application form together with the requested items to the address above, as soon as possible. Applications as long as fully completed and accompanied by requested items will be treated on, a first come, first served basis. Please note that once your fee is paid refunds will be made only in exceptional circumstances up to six weeks prior to course commencement, after that no refunds can be made under any circumstances.

All cheques will be cashed on the closing date. If your application is unsuccessful you may be offered an alternative date, if this is unsatisfactory any monies paid will be refunded. If you need to contact me regarding this please do not hesitate.

Yours sincerely

Colin Robinson
Resuscitation Officer



MATER HOSPITAL TRUST



APPLICATION FORM

RESUSCITATION COUNCIL (UK) ADVANCED LIFE SUPPORT COURSE NOVEMBER 30th & DECEMBER 1st 2005 (CLOSING DATE: 14th OCTOBER 2005)

PLEASE PRINT DETAILS

Last Name: _____ Forename(s): _____ Dr/Mr/Mrs/Miss/Ms _____

Name You Preferred to be called on Course Name Badge: _____

Work Address: _____

_____ Post Code: _____ Tel: _____ Bleep: _____

Home Address: _____

_____ Post Code: _____ Tel. _____

Email: _____ Present Post Held: _____

Reasons For wishing to attend: _____

Date & Venue of last ALS Course: _____

Do you wish your pre-course material sent to: Home Work

The Course Fee is £300.00 (Sterling). This includes the comprehensive course manual, course lunches and tea/coffee. **The course fee does not include accommodation.**

Special Dietary Requirements: _____

Cheques should be made payable to **Mater Hospital Trust**. Should your application for this course be unsuccessful, you may be offered an alternative course or any money paid will be refunded.

Completed application form **must be accompanied by a passport-sized photograph** and payment of course fee of £300.00 made payable to Mater Hospital Trust before the closing date to:

**Colin Robinson
Resuscitation Officer
Mater Hospital Trust
45-51 Crumlin Road
Belfast BT14 6AB**

FOR OFFICE USE ONLY

Date Received: _____ Accepted: Yes No

Date Advised: _____ Date Pre-Course Material sent _____

Cheque Returned: Yes No Date Returned: _____