

**Training in Educational Approaches Course for Healthcare Simulation Faculty**

**COURSE REGISTRATION FORM**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Preferred first name:**  *(This will appear on your name badge)* |  |
| **GMC / Professional Registration Number:** |  |
| **Address:** |  |
| **Contact number:** |  |
| **Email Address:** |  |

**POST INFORMATION**

|  |  |
| --- | --- |
| **Grade:** |  |
| **Hospital:** |  |

***LEVEL I: “Core Principles of Simulation: The Insider Knowledge”***

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| **COURSE CENTRE** | **DATE** | **Please tick course centre applying to:** |
| **William Harvey Hospital, Ashford** | **TBA** |  |
| **Worthing Hospital** | **25th September 2020** |  |
| **Tunbridge Wells Hospital** | **14th December 2020** |  |
| **Royal Surrey County Hospital, Guildford** | **3rd March 2021** |  |

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| **BOOKING AND PAYMENT**  **Please note, places can only be booked and confirmed on receipt of a completed application form and payment via cheques/ BACS transfer (please contact appropriate course centre for bank details) \*See below for RSCH BACS details:**  *\*Account Name: Royal Surrey County Hospital NHS FT*  *Bank: National Westminster Bank PLC*  *Sort Code: 60-70-80*  *Account No: 10004858*  *Ref: TEACHSIM 498805*   * Course fees: £75 for nursing staff; £100 for trainees; £120 for consultants * Bookings will be accepted on a first come, first served basis. * Confirmation of a place will be sent to you within 7 days of receipt of payment. If you do not receive this, please contact selected course TEACHSimFaculty administration (contact details below).   ***CANCELLATION POLICY***  ***Notice of cancellation must be given in writing or by email to appropriate course Sim Coordinator at least 2 weeks prior to the event.***  ***While we make every effort to run courses as advertised, we reserve the right to change the dates without prior notice. We are not liable for any cancellations to courses.***  **(please tick)**  **I have read and understood all the above** [ ]  **I have completed the registration form** [ ]  **I have enclosed a cheque or contacted the Course** [ ]  **Administrator (detailed below) for bank details**  **Signed:……………………………………………... Date:……………………** |

**SEND COMPLETED FORMS [AND CHEQUE] TO THE COURSE CENTRE YOU ARE APPLYING TO:**

## Royal Surrey County Hospital

Mrs Holly Davies

Chief Simulation Technician  
Education Centre  
Royal Surrey County Hospital  
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GU2 7XX

Tel: 01483 571122 ext 4388

[**rschteachsimfaculty@gmail.com**](mailto:rschteachsimfaculty@gmail.com)

BACS Details:

Account Name: Royal Surrey County Hospital NHS FT

Bank: National Westminster Bank PLC

Sort Code: 60-70-80

Account No: 10004858

Ref: TEACHSIM 498805

## Tunbridge Wells

Miss Nicola Matthews

Education and Training Centre,

Level -2,

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Tunbridge Road,

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TN2 4QJ

Tel: 01892 635667

**tw**[**teachsimfaculty@gmail.com**](mailto:teachsimfaculty@gmail.com)

Cheques payable to:

TWPGC Clinical Tutor account

## William Harvey Hospital, Ashford

Miss Jess Blake

Simulation Administrator

Medical Education Centre

William Harvey Hospital

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Willesborough

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Tel: 01233 616185 ext 7236185

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TBC

## Worthing Hospital Contact

Malika Frayard-Smith

Worthing Health Education Centre

Worthing Hospital

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SRH Clinical Tutor