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**Merseyside BACCH Annual Meeting**

**Friday 12 November 2021**

Please complete all sections of this application form. Incomplete applications ***cannot*** be processed. When complete send this form along with your payment to the address at the bottom of the form.

**Last Name: Dr/Mr/Mrs/Miss/Ms**

**Other Names:**

**Address:**

# Email address:

**Mobile:**

**Telephone** *(Work)***:**

**Telephone** *(Home)***:**

**GMC Registration number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Car Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special dietary requirements:**

**Present Appointment Hospital:**

**Grade:**

**NB The meeting will be held via Microsoft Teams with link sent on receipt of application.**

**Method of Payment:**

**This course is free for Doctors in training in the community and nurses working within the community**. Please state in the Grade section.

By cheque  Tick the box and enclose a cheque for £40 made payable to

**‘Countess of Chester 7909 FCEM’**

Payment by phone

An alternative payment other than a cheque has been arranged.  Please phone the Countess of Chester’s cash office to make a payment for the BACCH Annual Meeting 12th November 2021. You will need to quote the budget code ‘Countess of Chester 7909 FCEM’.

Once you have given them your bank details, please ask for a receipt and then email [postgraduate.education@nhs.net](mailto:postgraduate.education@nhs.net) with the receipt number, your place on the course will then be confirmed.

The cash office is open Monday to Wednesday 08:00-16:00

01244 36 6208

01244 36 6206

01244 36 2237

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| This information will be held in accordance with the Data Protection Act 1998. It will be available to all College departments and may be shared with any relevant Specialist Associations located within the building. Please notify us of any change to your details. | | | | | | | | |
| We would like to keep you informed of other events and activities that may be of interest to you, please tick this box if you **do not** wish to receive these mailings | | | | | | | | |
|  | | | |  |
| If you are applying for attendance at a course or a meeting and you **do not** wish for your details to appear on a list of event attendees, which is available to participants and organisations supporting the event, please tick here. | | | | | | | | |
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| In the event of my withdrawing from the course, I understand that an administration charge of 10% (or £40, whichever is greater) of the total course fee will be charged up to four weeks prior to the start date of the course. 100% of the total fee will be charged **within** four weeks prior to the start date of the course, unless a substitute can be found to fill the vacancy or in exceptional circumstances.  While we make every effort to run courses as advertised, we reserve the right to change the timetable and/or the teaching staff without prior notice and to cancel any courses without liability (in which case there will be a full refund of course fees to participant). | | | | | | | |
|  | | | | | | | |
| Signed |  | | | | | Date |  |

Please return this form to:-

Mrs Amanda Leaman

Medical Education Department

Education & Training Centre

Countess of Chester Hospital

Liverpool Road

Chester

CH2 1UL  
[amanda.leaman@nhs.net](mailto:amanda.leaman@nhs.net)