

Royal College of Surgeons in Ireland

**APPLICATION FORM for**

**THE INTERCOLLEGIATE BASIC SURGICAL SKILLS COURSE,**

**PENANG MEDICAL COLLEGE**

**20th, 21st & 22nd June 2018**

Please complete name in BLOCK LETTERS

First name…………………………………………………………………………………………………..

Surname……………………………………………………………………………………………………

Please print your name in the box below in block letters EXACTLY as it should appear on your certificate.

Permanent Home Address:…………………………………………………………………………………………….

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Address for correspondence/current Address:………………………………………………………………………....

…………………………………………………………………………………………………………………………..

Contact phone no:…………………………………………………….(mobile)……………………………………….

Nationality:……………………………………………………Email:…………………………………………………

Registerable qualifications: date and place:…………………………………………………………………………….

Irish Medical Council or GMC Number:……………………………………………………………………………….

Current Post:

Hospital:……………………………………………………………..Specialty:………………………………………..

Phone :…………………………………………….Bleep/pager…………………………….Grade:………………….

Applicants must register in the College prior to the commencement of the course.

**Because of the limited number of places available, reservations are only made on payment of the complete fee.** Fees are payable in Euro. Bank Draft should be made payable to “**The Royal College of Surgeons in Ireland**’.

Fees are not normally carried forward from one course to another. A refund, less 20% will be made if written notice of withdrawal is received by the college on or before the closing date of the course.

**No refunds will be made after the closing date.**

**Important note: The closing date is always 1 month (exactly before the course commencement date (i.e. if the course date is 25th June, the closing date will be 25th May).**

Signature of Applicant……………………………………………………… Date:………………………………….

Complete application from, together with the full course fee and two passport-sized photographs, should be returned to: Professor N. Premnath, Basic Surgical Skills Course. Penang Medical College, 4Jalan Sepoy Lines, 10450, Penang, Malaysia. Please keep this office advised of changes to your contact details.

Please attach 2 passport sized photographs here.

**For Office use only**

Amount paid(Cash /cheque/draft)EURO:………………………

Received by:…………………………….Date:…………………….….…

Comments…………………………………………………………………….