

Regional Programme Application Form

Section I : Applicant's details

Date:

Name of applicant (*Please print in capitals*):

Surname:

First Name:

(M / F)

Home Address:

_____ (_____)

Post Code:

Practice Address:

_____ (_____)

Post Code:

Email address:

Year obtained BDS: _____ GDC No _____

Tel : _____ (home) _____ (off) _____

(mob) _____

Fax No _____

Section II: Programme Details

Course Code	Course Title	Course Fee Structure
PC	Continuum Implant Training Ten days programme conducted over one year	£4,000 Credit given towards MSc course

Please complete and return the Application Form with the course fee. On receipt of the course fee with completed form the information will be processed and a receipt issued and the relevant information packs dispatched.

Payment of fees:

1. Credit of debit cards please enter your details below.

Card Details: Solo, Maestro, Visa, Master Card. (Please Circle)

No. ----- Issue No-----

Issue Date. ----- Expiry Date----- Security no.-----
(Security No is last 3 digit no. on rear of card). **Please make sure you have sufficient funds in you account to cover this amount.**

Section III: GIFT Regional Centres

Please indicate your regional centres in order of preference by entering the number (1) or (2). Ideally the centre should be situated as close to your practice as possible for patient management. Please note dates may need to be changed as circumstances dictate although every effort will be made to keep to timetables.

REGIONAL CENTRE	Start Date	CHOICE
ABERDEEN		
CARDIFF		
BIRMINGHAM		
TEESSIDE		
LIVERPOOL		
LONDON		
DEVON (Ashburton)		
CARLISLE		
MANCHESTER		

**Please tick box if you have enrolled on the University of Warwick programme
NB Cardiff and Carlisle Centres should be operational in Sept 2010**

Section IV: Terms and Condition

COURSE REQUIREMENTS

The pre-requisites for acceptance into the implant training programmes are:

- A license to practice dentistry (BDS or LDS or equivalent or national diploma).
- Registration with the General Dental Council.
- All candidates must have own professional indemnity insurance cover.
- A current certificate of immunization against communicable diseases (Hepatitis B) is required before undertaking the clinical and surgical component of the course.

INSTRUCTIONS ON APPLICATION

Course Fee Includes

- Refreshments throughout the day and a light lunch
- Materials and literature
- Please note the fee does not include traveling expenses or residential costs

General Cancellation Policy on administrative charges

Cancellations received in writing one month before the start of your course will be refunded after deduction of £100 administration charge, within one month 50% of course fee will be refunded. No refund will be made after registration or acceptance on the course.

Section V: Declaration Statement

I have understood and agree to the terms and conditions as stated on of the GIFT application form and confirm that the information provided is true and accurate.

Print Name:

Signature:

Date:

Send all application forms, payment and enquiries to:

<p>Pamela Furphy 82, Manse Road, Raffrey, Crossgar, Downpatrick. Co. Down BT30 9LZ</p>
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