**SCOTTISH CYTOLOGY TRAINING SCHOOL**

**COURSE APPLICATION FORM**

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| **DETAILS OF THE COURSE FOR WHICH YOU WISH TO APPLY:**  Course Title:  Date of Course: Course Fees (if applicable): |
| **Candidate Information:**  Name: Full Time/Part Time  Job Title: Trust:  Employment Address:  Telephone No: Email:  Previous Cytology Experience: |
| **Trainees Only:**  Date of Previous Courses Attended:  Location: |
| **Line Manager Authorisation:** (I have given the above named person approval to attend the Scottish Cytology Training School)  Name: Designation:  Signature: Date: |
| **METHOD OF PAYMENT:**  **Cheque:** A cheque is enclosed made payable to “NHS Greater Glasgow and Clyde”  **Credit/Debit Card:** Please visit <http://www.nhsggc.org.uk/payments> or call 0141 278 2795/6  **Bank Transfer:** Please contact the Scottish Cytology Training School for payment details on [ggc.scts@ggc.scot.nhs.uk](mailto:ggc.scts@ggc.scot.nhs.uk) or phone 0141 354 9547/8  **Purchase Order Number:** (Required from employer for invoicing purposes)  **FREE TO THOSE EMPLOYED IN SCOTTISH CSP LABORATORIES** |
| **For Office Use Only:**  Information Pack Sent: Via Post/Email:  Invoice sent: Non Scottish Cons/Trainees:    Comments: |