**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 TimeJob 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 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: |