

LONDON POSTGRADUATE MEDICAL & DENTAL EDUCATION
GENERAL PRACTICE EDUCATION & TRAINING



DEANERY COMMISSIONED GPR COURSE MINOR SURGERY/JOINT INJECTION STUDY DAY

Please Enter Here the date you wish to attend :

Millfield House (near North Middlesex Hospital)

BOOKING FORM

| | | | |
|--|--------------------------|---|--------------------------|
| First name: | | Surname: | |
| Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
| Correspondence Address: | | Surgery Address: | |
| Home Tel/Mobile: | | Surgery Tel: | |
| Email: | | | |
| Name of Scheme: | | Please state date you complete your trainee year: | |
| Please confirm where your half-day release is held: | | Please state your trainer: | |
| Dietary requirements: | | | |
| Standard fare | <input type="checkbox"/> | Vegetarian fare | <input type="checkbox"/> |
| <p>Notes about booking onto GPR courses:</p> <p>All sections of form must be completed. Places are allocated on a first come, first served basis and your place on the course can only be confirmed when the form and cheque has been submitted.</p> <p>This course is intended for the inexperienced practitioner, rather than those with surgical experience. More information can be obtained from the website www.jmap.com.</p> <p>In addition, by signing the form you are confirming that you have read and agree with the terms of the legal notice posted on the course website.</p> <p>You can claim reimbursement from the GPR educational allowance if you wish via gpredallowance@londondeanery.ac.uk</p> | | | |
| Signature: | | Date: | |

Please return this form with a cheque for the **non-refundable booking fee of £50, (£180 for GPs; £160 for SHOs or non London GPRs)** made payable to **IHCL** and send to **PO BOX 200 Potters Bar Herts EN6 1XJ**. For further details please email chief@jmap.com or visit website: www.JMAP.com or call 07850 996 376