

Manchester Emergency Medicine Courses

www.manchesterem.co.uk

Application Form

<i>Please type in shaded boxes or write clearly if completing by hand</i>	
Title and name	
Full postal address	
Contact telephone number (mobile preferred)	
Email address (for your receipt to be posted to)	
Hospital or region of work	
Where did you learn about our courses?	
<i>Please indicate below the course that you are applying for:</i>	
MCEM OSCE day	<input type="checkbox"/>
FCEM OSCE day	<input type="checkbox"/>
FCEM management viva day	<input type="checkbox"/>
FCEM two day (OSCE and management viva day)	<input type="checkbox"/>
Which dates are you applying for (dd/mm/yy)?	
Bank Transfer Reference (if you are paying by electronic transfer, please give the reference for the transaction)	

**Please make your course fee cheque payable to:
"Manchester Emergency Medicine Limited"**

**Send the application form and payment to:
1 Clifton Road, Runcorn, WA7 4ST**

Database number	Confirmation email	Funds cleared	Receipt email