**HEE Penfaculty.SW Event Booking Form**



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| **Surname** |  | | |
| **First Name** |  | | |
| **Email Address** |  | | |
| **Trust** |  | | |
| **GMC No** |  | **Specialty** |  |

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| **Please advise if you require access or learning assistance at the event:** |
| **Refreshments and lunch are provided – please advise if you have any special dietary requirements: (Vegetarian, allergies, Halal etc.)** |

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| **Event** | Initial Series of Supervisor Accreditation Modules |
| **Modules 1&2** |  |
| **Module 3** |  |
| **Module 4** |  |
| **Module 5** |  |

Please email your completed form to:

[penfaculty.sw@hee.nhs.uk](mailto:penfaculty.sw@hee.nhs.uk)