



THE UNIVERSITY
OF THE
WEST INDIES
ST. AUGUSTINE CAMPUS



DEPARTMENT OF CLINICAL SURGICAL SCIENCES
Basic Surgical Skills (Intercollegiate BSS)

APPLICATION FORM

Please fill out form in **BLUE** or **BLACK** pen, in **BLOCK CAPITALS**

PERSONAL DETAILS (This will be the name on your BSS certificate)

Surname Middle Name First Name Title

Date of Birth: Year/Month/Date

Contact Address

Tel Number Home Cellular/Mobile Work

Email Address

Hospital/Institution EWMSC POSGH SFGH Scarborough General Hospital
 Sangre Grande County Hospital Other

Post of Grade Intern House Officer Registrar

Specialty General Surgery Orthopaedics Urology A&ICU
 Obgyn A&E Other

GMC Number Allergies

Surgical Glove Size Non-sterile Glove Size Gown Size

Vegetarian (No Milk, eggs or other dairy) Non Vegetarian (Chicken or Fish) Chicken Fish

SIGNATURE (PARTICIPANT/ATTENDEE)

DATE

Cancellation Policy:

1. Cancellations two months or eight weeks prior to the start of the course will result in the candidate forfeiting 50% of the course fee.
2. Cancellations one month or four weeks prior to the start of the course will result in the candidate forfeiting 75% of the course fee.
3. Cancellations one week prior to the commencement of the course and/or absence from the course will result in the candidate forfeiting 100% of the course fee.

FOR OFFICIAL USE ONLY

Bank Draft Cheque UWI Cashier

Course Book & CD Administrative Fee

Date Received

By Whom