

BRITISH ORTHOPAEDIC ASSOCIATION
Royal College of Surgeons, 35-43 Lincoln's Inn Fields, London WC2A 3PE
Tel: 020 7406 1750

**BRITISH CASTING CERTIFICATE COURSE AND EXAMINATION IN
CASTING TECHNIQUES**

**APPLICATION FORM FOR
COURSE AND EXAMINATION IN 2012**

IMPORTANT

In order to reserve a place on the Course and Examination, **ALL** sections of this form must be completed and returned as soon as possible to the Casting Techniques Course Secretary at the above address. Fees should be received at least twelve weeks prior to the commencement of the Course or the place will be cancelled. The British Orthopaedic Association reserves the right to cancel a Course if break even numbers are not achieved.

Candidates should note that if they cancel between two and six weeks of the commencement of the course the cancellation fee will be 50%. Should the candidate withdraw within two weeks of the commencement of the course, the whole fee will be forfeited unless a replacement can be found. PLEASE COMPLETE FORM IN BLOCK CAPITALS.

A. **DATE OF COURSE**

SURNAME [MR/MRS/MS/MISS]

FIRST NAMES [in full]

ADDRESS
.....
..... **[Post Code]**

TELEPHONE NUMBERS [HOME].....**[WORK]**.....
[Please include STD code in both numbers, switchboard and extensions]

EMAIL

DATE OF BIRTH

CURRENT POST AND QUALIFICATIONS
.....

PLACE OF WORK and ADDRESS
.....
.....

LENGTH OF EXPERIENCE IN CASTING ROOM [minimum 12 months].....

Have you taken the British Casting Certificate examination before? YES/NO

If so, when?

SIGNATURE.....**DATE**.....

[Continued overleaf] ↗

NOTES FOR THE INFORMATION OF CANDIDATES AND SPONSORS

The members of the Casting Techniques Sub-Committee attach great importance to Section B. They recognise it is very difficult for candidates to benefit fully from the Instructional Course, or to pass the examination, without adequate previous experience in casting rooms that deal with both orthopaedic casts and trauma work.

The minimum requirements are **twelve months'** experience in casting application for those wishing to attend the Course or take the examination after a BOA-approved Instructional Course. The Committee stresses that quality and breadth of experience are essential, and even the minimum times stated may not give some candidates sufficient experience to succeed in the examination, even though they are otherwise able candidates.

We ask candidates and referees to discuss the breadth and type of experience before completion of Section B.

Candidates will now be required to complete written work at Diploma Level for the Glasgow Caledonian University in addition to the examination and will receive 60 credits. Please see the course information for further details.

B. TO BE COMPLETED BY TWO REFEREES [1] MUST be a consultant orthopaedic surgeon who is a Fellow of the British Orthopaedic Association, and [2] your Line Manager

This reference is given without liability to the referee whose certificate is limited to the competence in terms of the experience required in accordance with this application form of the applicant to enter the British Casting Certificate Course and Examination in Casting Techniques. For the purposes of this certificate, reliance is placed by the referee upon information supplied to the referee by the applicant and no representation is made by the referee as to the accuracy of this information.

I certify that [name of candidate] has, in my opinion, sufficient experience in:

- 1. Casting techniques
- 2. The care of inpatients and outpatients with orthopaedic conditions and trauma
- 3. Sufficient theoretical knowledge

to enable him/her to enter the British Casting Certificate Course and Examination in Casting Techniques relevant to the published syllabus.

1) **NAME OF REFEREE**

ADDRESS

SIGNATURE

2) **LINE MANAGER'S NAME**

LINE MANAGER'S DIRECT PHONE NUMBER

LINE MANAGER'S SIGNATURE

C. HOW WILL PAYMENT BE MADE FOR THE COURSE £2475.00 [includes materials, examination and GCU fees]

Cheques should be made payable to the **BRITISH ORTHOPAEDIC ASSOCIATION**.
There is an additional £25 administration fee for overseas applicants.

- * [a] By personal cheque [in which case please enclose]
 - * [b] By your hospital/health authority/any other body
- [To be completed by the authorising officer - PLEASE USE BLOCK LETTERS. The person signing this section will be invoiced for the fee.]**

NAME

ADDRESS [Please print full address including postcode for invoicing]

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PLEASE STATE PURCHASE ORDER NUMBER

DIRECT PHONE NUMBER FOR FINANCE

SIGNATURE