

**BRITISH ORTHOPAEDIC ASSOCIATION**

Royal College of Surgeons, 35-43 Lincoln's Inn Fields, London WC2A 3PE

Tel: 020 7406 1750

**BRITISH CASTING CERTIFICATE EXAMINATION IN CASTING TECHNIQUES  
APPLICATION FORM FOR EXAMINATION IN 2012****IMPORTANT**

In order to reserve a place on the Examination, it is **ESSENTIAL** that **ALL** sections of this form are completed and returned as soon as possible to the Casting Techniques Course Administrator at the above address. The Examination fee must be sent in with the Booking Form. **PLEASE COMPLETE FORM IN BLOCK CAPITALS.**

A. **DATE OF EXAMINATION** .....**SURNAME**..... [Mr/Mrs/Miss]**FIRST NAMES [in full]** .....**HOME ADDRESS** ..........**POSTCODE**.....**TELEPHONE: [HOME]...INCLUDE DIALING CODE** .....**TELEPHONE: [WORK] MAIN SWITCHBOARD NUMBER AND EXTENSION** .....**YOUR DEPARTMENT NAME AND EXTENSION NUMBER** .....**HOSPITAL/ORGANISATION WHERE YOU WORK** .....**HOSPITAL ADDRESS** ..........**POSTCODE**.....**DATE OF BIRTH** .....**EMAIL** .....**CURRENT POST AND QUALIFICATIONS** .....

.....

.....

**LENGTH OF EXPERIENCE IN CASTING ROOM [months/years]** .....**BOA COMMITTEE VALIDATED CASTING COURSE ATTENDED****LOCATION** ..... **DATE**.....**Have you taken the British Casting Certificate examination before?** YES/NO**If yes, what date or dates taken** .....

SIGNATURE ..... DATE .....

[Continued overleaf] ↻

**NOTES FOR THE INFORMATION OF CANDIDATES AND SPONSORS**

The members of the Casting Techniques Subcommittee consider Section B to be extremely important.

To take the examination you must have taken the Stanmore Course, or a BOA-approved Regional Instructional Course and sat your first examination within the last 2 years.

**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 in-patients and out-patients with orthopaedic conditions and trauma;
3. sufficient theoretical knowledge

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

**BLOCK CAPITALS PLEASE**

1) **NAME OF BOA 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 EXAMINATION? [\* Please delete where appropriate]**  
 [Fee for the examination £210.00]

\* [a] By personal cheque [in which case please enclose]  
**CHEQUES SHOULD BE MADE PAYABLE TO THE BRITISH ORTHOPAEDIC ASSOCIATION.**

\* [b] BY CREDIT CARD  
 VISA/MASTERCARD/AMERICAN EXPRESS/DEBIT CARD (Please circle)

CARD NUMBER.....EXPIRY DATE.....  
 SECURITY CODE (3 digit number on back of the card) .....

Amount to be debited.....Issue number if Debit Card.....

\* [c] By your hospital/health authority/any other body {to be completed by the authorising officer - PLEASE USE BLOCK LETTERS}

NAME .....

ADDRESS .....

..... (Postcode)

PURCHASE ORDER NUMBER .....

DIRECT PHONE NUMBER FOR FINANCE .....

SIGNATURE .....