

BRITISH ORTHOPAEDIC ASSOCIATION
Royal College of Surgeons, 35-43 Lincoln's Inn Fields, London WC2A 3PN
Tel: 020-7405 6507

**BRITISH CASTING CERTIFICATE
REFRESHER COURSE**

APPLICATION FORM FOR 2012

IMPORTANT

In order to reserve a place on the Course, **ALL** sections of this form must be completed and returned as soon as possible to the Casting Techniques Course Administrator at the above address. **FEES MUST BE RECEIVED WITH THIS APPLICATION FORM.** The British Orthopaedic Association reserves the right to cancel a Course if breakeven 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.**

A. DATE OF COURSE: Tuesday 4 - Wednesday 5 September 2012

SURNAME [in BLOCK LETTERS PLEASE]
[MR/MRS/MISS]

FIRST NAMES [in full]

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

TELEPHONE NUMBERS : [HOME] [WORK].....
[please include STD code in both numbers]

DATE OF BIRTH

CURRENT POST AND QUALIFICATIONS

PLACE OF WORK

**WHAT DATE DID YOU PASS THE BRITISH CASTING CERTIFICATE/ BOA AND
RCN[SOTN]/AOT CASTING TECHNIQUES EXAM?**

SIGNATURE **DATE**

B. PLEASE INCLUDE PAYMENT OF £150.00 (TO COVER TUITION AND MATERIALS)

Cheques should be made payable to the **BRITISH ORTHOPAEDIC ASSOCIATION.**

- *You are advised to keep a copy of your application form before posting*
- *Have you enclosed your cheque with this form?*