



BRITISH ORTHOPAEDIC ASSOCIATION

Email: casting@boa.ac.uk

BRITISH CASTING CERTIFICATE REFRESHER COURSE APPLICATION FORM FOR REFRESHER COURSE 2019

IMPORTANT INFORMATION

Registration - In order to register on the Course and Examination, **ALL** sections of this form must be completed and returned to the Course Administrator using the contact details provided. Incomplete applications will not be accepted.

Payment - Fees or Finance Details must be received with this application form.

Cancellation - 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.

PRIVACY POLICY

On 25 May 2018, the General Data Protection Regulation, known as GDPR, replaced the Data Protection Act. We intend to comply with our legal obligations under the Data Protection Act 2018 (the '2018 Act') and the EU General Data Protection Regulation ('GDPR') in respect of data privacy and security. Please check our website for more information regarding our [privacy policy](#)

WHO IS COLLECTING THE DATA?

For the purposes of GDPR the BOA is a 'data controller' and the course facilitator is a 'data processor'.

DATA COLLECTION AND USE

The information the candidate provides on this application form will be processed in the following way:

- Assessment of your suitability to participate in the course
- Organising course attendance
- Analysis for the purpose of reporting attendees for course development

The information the finance contact provides on this application form will be processed in the following way:

- Arranging and processing payment for the course

WHO HAS ACCESS TO YOUR DATA

Your information may be shared with:

- BOA Staff and Trustees
- National Casting Training Advisor and Course Assistants
- Third Parties for the purpose of sponsorship, such as (but not limited to) The Association of Orthopaedic Practitioners UK (AOP UK), BSN Medical Inc and BeneCare Medical
- Third Parties for the purpose of employment checks, such as employment agencies, previous or current employers

WHAT RIGHTS DO YOU HAVE?

If you wish to make a complaint about how your data has been processed, you have the right to make a complaint to the Information Commissioner's Office (ICO), the UK supervisory authority for data protection issues, at any time:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Contact Details
Telephone: 0303 123 1113 (local rate)
or 01625 545 745



PLEASE COMPLETE FORM IN BLOCK CAPITALS

A. DATE OF REFRESHER COURSE: Tuesday 3rd & Wednesday 4th September 2019

SURNAME: [MR/MRS/MS/MISS]

FIRST NAMES [in full]:

HOME ADDRESS:

.....

..... [Post Code]:

TELEPHONE NUMBERS: [HOME]..... [WORK].....

[Please include STD code in both numbers, switchboard and extensions]

EMAIL: WORK EMAIL:

[Please make your email address very clear]

DATE OF BIRTH [dd/mm/yyyy]:

CURRENT POST AND QUALIFICATIONS:

.....

PLACE OF WORK and ADDRESS:

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

CANDIDATE SIGNATURE: DATE:

B. HOW WILL PAYMENT BE MADE FOR THE 2 DAY COURSE: £250.00 [TO COVER TUITION AND MATERIALS]

- * [a] By personal cheque [please enclose] Cheques payable to the **BRITISH ORTHOPAEDIC ASSOCIATION**
- * [b] Credit/Debit Card on the phone 020 7406 1762
- * [c] 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 OF FINANCE CONTACT:

DIRECT EMAIL: DIRECT TEL:

ADDRESS [please print full address including postcode for invoicing]:

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PURCHASE ORDER NUMBER [IF APPLICABLE]:

CONTACT'S SIGNATURE:

