



Dental Nurse Course in Conscious Sedation for Dentistry

PART II at Guy's

4th & 5th September 2010

APPLICATION (Please photocopy for multiple applications)

Please return to: SAAD Course Registrations, 114 High Street, Billingshurst, West Sussex, RH14 9QS

I wish to apply for the above course. I enclose a cheque for £250 (payable to "SAAD") for the two day course including lunch and refreshments.

Please complete in Block capitals

Mr / Mrs/ Miss / Ms

Last name:.....First name:.....

Date of QualificationGDC number.....

Date of Birth:

Home Address:..... Work Address:.....

.....

.....

.....Postcode..... Postcode.....

Telephone: Surgery: Home:

Fax: Email:

Mobile:.....

How long have you been a Dental Nurse?.....

Please circle area of employment General Dental Practice / General Hospital / Community
Dental Hospital / Armed Forces / Industry / Unemployed
Other

Signature of Applicant: Date:.....