

COURSE APPLICATION

Course Title	Management of Minor Illness and Injury for Remote Medics
Your Name (as you would like it to appear on your certificate)	
Your Address (to which all correspondence will be sent)	
Post Code	
Telephone Number	
Email Address	

Would you like to receive email notifications about other courses which may be of interest (these would come direct from me and your details will not be sold or passed on to another organisation)? **YES / NO** (please delete as appropriate)

Your clinical background

Paramedic Nurse Doctor EMT Offshore Medic Other

if other, please state

Your highest educational qualification

Higher degree (e.g. MSc, PhD) Degree (e.g. BA, BSc) Dip/Cert HE or Foundation degree

Professional Certification Other (please state) No formal qualification

if other, please state

I am applying to undertake **Part One - Minor Illness** **Part Two - Minor Injury** **Both Parts**

I would like to apply for the distance learning **Management of Minor Illness and Injury for Remote Medics** course. I understand that this is a self-study programme for which I will receive a **Certificate of Completion**. I further understand that successful completion of the course does not constitute a license to practice and that it is my responsibility to work within my own professional scope of practice and the code of conduct of my professional body (where applicable).

Your signature	Date