Application Form

Please complete one application form per course / study day, enclosing a cheque made payable to the 'Primary Care Training Centre' then fold, seal, affix stamp and post to PCTC. Primary Care Training Centre, Crow Trees, 27 Town Lane, Idle, Bradford, West Yorkshire, BD10 8NT.
Photocopies will be accepted.

Personal Details

Title **(Mr/Mrs/Miss etc.)**

Forenames

Surname

Home Address

Postcode

Home Telephone **(Including code)**

Work Telephone **(Including code)**

Mobile

Email

Date of Birth D D M M Y Y

Ethnic Origin

Address where Distance Learning Pack is to be sent **(A signature will be required upon receipt)**

Postcode

Job Title

PIN / Reg. Number

Name of PCT / Health Authority / LHB

Where did you hear about the Primary Care Training Centre?

Course Details If you are applying for more than one course then please photocopy, complete and attach to this form

Course name

Preferred start date **(Check website or telephone the PCTC for current start dates)**

Price **(Including VAT)**

Preferred place of study **(Bradford or London)**

Please state if you have any special dietary requirements

Mentor Required for some courses. Please see pages 4, 5 & 7

Mentor's Name

Mentor's NMC PIN Number **(Not applicable for Receptionist mentors)**

Mentor's Address

Applicant's Declaration

I understand and accept the terms and conditions listed on the final page of this Prospectus and confirm that all information given on this form is correct at the time of completion.

Signature

Tick if previously studied with PCTC ☐

Date D D M M Y Y

Employer's Declaration

I have read the Terms and Conditions overleaf and confirm that this applicant has employer support in undertaking this course.

Signature

Date D D M M Y Y

Office use only

Application Received D D M M Y Y

Application Processed D D M M Y Y

Student List D D M M Y Y

Payment D D M M Y Y

Candidate Number

Pack Sent D D M M Y Y

Mid-Course Letter Sent D D M M Y Y