

**Brain Ambulance:
Inter-hospital Transfer of the Brain Injured Patient
Simulation Training Course
Course Registration Form**

Course Date:	
Full Name:	
Email Address:	
Mobile Number:	
Speciality:	
Grade:	
Hospital:	
Dietary Requirements:	
Special Requirements:	

The cost of the course is covered by Health Education KSS.

Please forward your registration form to:

**Julia Trewick,
Paediatric Theatres, Level 7,
Royal Alexandra Children's Hospital,
Eastern Road,
Brighton, BN2 5BE**

Julia.Trewick@bush.nhs.uk

If you need to cancel or reschedule your course, please note that a minimum of 4-week notice is required to allow time to reallocate the place to a waiting candidate.

Further information about the course will be emailed to you on receipt of your Registration Form.