

Please complete and return to:

Dr. A. Smith, Dr. B. Ghoorbin
VTS Course Organisers,
Mrs Mary Smithers, Administrator.
POSTGRADUATE MEDICAL CENTRE,
St Helier Hospital,
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St Helier Hospital
VOCATIONAL TRAINING SCHEME FOR GENERAL PRACTICE

REGISTRATION FORM

NAME OF REGISTRAR

NAME OF TRAINER

REGISTRAR/SENIOR REGISTRAR DELETE AS APPLICABLE

PRACTICE ADDRESS

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START DATE

FINISH DATE

PRACTICE TELEPHONE NUMBER

VEHICLE REGISTRATION

HOME TELEPHONE NUMBER

E-MAIL ADDRESS