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| **North East**  **Regional Transfusion Committee** |  |
| **Annual Education Symposium** ***SHOP***  ***Serious Hazards of Pregnancy***  The Durham Centre, Belmont Industrial Estate, Durham, DH1 1TN  17th October 2018 | |

Application Form

(Please use capitals)

**Name:** **. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

Job Title: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Department: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Trust: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Telephone: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Email: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Are you happy for the RTC to keep your contact details on file? . . . . . . . . . . . . . . . .

(This is solely to advise you of future education events)

Special Dietary Requirements: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Please return to:

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RTC Administrator

NHS Blood and Transplant

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Tel: 0191 2026604

Email: [janice.robertson@nhsbt.nhs.uk](mailto:janice.robertson@nhsbt.nhs.uk)

An email confirmation will be sent on receipt of the completed application form