

**Associate Trainer Course**

**13th & 15th December 2016 and 18th May 2017**

**Regal Chambers Surgery, 50 Bancroft, Hitchin, Hertfordshire SG5 1LL**

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| --- | --- |
| **Surname:** | **First Name: Title:**  (by which you like to be known) |
| **Correspondence Address**  (please include your postcode) |  |
| **Telephone No.** |  |
| **E-mail Address** |  |
| **GP Practice:** |  |
| **Is your Practice already a Training Practice:** |  |
| **Special Dietary/Access Requirements:** |  |

**Please return booking form, via email, to**

[**hayley.marshall12@nhs.net**](mailto:hayley.marshall12@nhs.net)