

Application for GP Course Approval

Course title:			
Venue: Place & Town			
Organiser's name:			
Please state if Commercial or Non commercial:			
Number of meetings:		Please tick if this session is to be closed to external applicants	<input type="checkbox"/>
Dates of meeting(s):			
Time of meeting:	Start time:	Finish time:	
Course fee:		Numbers expected:	
Course Objectives: (please list) <i>By the end of this activity participants will:</i> <ol style="list-style-type: none"> 1. 2. 3. 4. etc. 			
Learning method (please refer to application notes 5)			
Lecture (name of lecturer)			
Specialist led workshop/seminar (name and description of specialist)			
Externally facilitated workshop/conference (name and description of facilitator)			
Self resourced workshop			
Other (please specify)			
<p><i>I apply for GP Educational Approval. I have read and understand the notes on applying for approval. I undertake to return completed attendance register and evaluation forms to the GP Education Team.</i></p> <p>Organiser's details:</p> <p>Name:</p> <p>Organisation:</p> <p>Address:</p> <p>Email:</p> <p>Tel:</p> <p style="text-align: right;">Signature:</p> <p style="text-align: right;">Date:</p>			

Please send completed form to:

Elaine Monks, Bristol GP Education Team, The Postgraduate Centre, Frenchay Hospital, BS16 1LE

Email:  Elaine.Monks@north-bristol.swest.nhs.uk

Together with the fee of £100 for commercially sponsored courses, cheques made payable to: 'Bristol GP Education'

For office use only

Course Reference No:
