CAPPAGH NATIONAL ORTHOPAEDIC HOSPITAL

APPLICATION FORM

ORTHOPAEDIC CASTING TECHNIQUES COURSE

Friday 12th / Saturday 13th February 2010

Please complete the information below in BLOCK CAPITALS

NAME: _____

FULL POSTAL ADDRESS: _____

_____

MOBILE NO: _____

HOME (Landline) NO: _____

AN BORD Altranais PIN NO: _____
(Registered nurses)

TITLE (if not registered nurse): _____

PLACE / AREA OF EMPLOYMENT: Outpatients Accident and Emergency Dept
Plaster Room Other (Please specify) _____

(Please circle as appropriate)

NAME OF HOSPITAL WHERE YOU ARE EMPLOYED: _____

HOW OFTEN DO YOU APPLY BACKSLABS: Daily Weekly
Occasionally Never

HOW OFTEN DO YOU APPLY FULL CASTS: Daily Weekly
Occasionally Never

HOW OFTEN DO YOU REMOVE CASTS: Daily Weekly
Occasionally Never

(Please circle as this helps us place you in an appropriate workshop)

COURSE FEE: €180 **Cheque / Bank draft or postal order acceptable**
(Please make your cheque etc payable to Cappagh National Orthopaedic Hospital)

PLEASE RETURN COMPLETED **APPLICATION FORM AND FEE**
TO: Ms. Rosemary Masterson, Nurse Tutor,
Cappagh National Orthopaedic Hospital,
Finglas, Dublin 11.

Closing Date: Friday January 8th 2010

Places are allocated on a first come first served basis. No bookings will be taken over the phone. If accepted, a letter confirming your place on the course will be sent on receipt of this form and your fee