

**IUD/SDI Training Application Form**

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

**Surgery Address:**……………………………………………………………..…………….………

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**Mobile number:** ……………………………………………………………..………………………

**Email address:** ………………………………………………………………...……………………

**GMC/NMC number:** …………………… **DFSRH/NDFSRH number:** ………………….………

**If you do not have the diploma, have you passed the eKA**? Yes/No

If yes, please attach certificate of completion to your application form.

If not, please ensure that you email your certificate to the address below before commencing training

Full details of training requirements can be found at [www.fsrh.org](http://www.fsrh.org)

**Preferred trainer (please tick):**

☐ Sr Kath Bainbridge

☐ Dr Arwa Eskander

☐ Dr Julia Pigott

☐ No preference **Preferred day of the week: ……………………….**

Are you interested in **IUD training**, **Sub-dermal implant** training or **both** (Please circle)

**Please email completed form to Dr Arwa Eskander at:**

Enquiries@CumbriaSRH.co.uk

Dr Julia Pigott

Nurse Kath Bainbridge

Dr Arwa Eskander

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Cumbria SRH Training

www.CumbriaSRH.co.uk