



**Association of Clinical Pathologists and British Society for Immunology**

**Clinical Immunology Training Days Application Form**

Title:		
Forename (just one, how you like to be known):		
Surname: (family name)		
Qualifications:		
Job Title:		
Department Name:		
Work address:		
Place of work (eg hospital, research laboratory, diagnostic laboratory):		
If you are a doctor, are you a medical doctor, a doctor of science (eg PhD), or both:		
Work telephone number (optional):		
Email address (essential*):		
Please indicate if you are a member of:		ACP   BSI
<i>For Specialist Registrars:</i>		<i>For Clinical Scientists and Biomedical Scientists:</i>
NTN:		Grade:
Registered subject for CCT is (eg allergy and clinical immunology; allergy, clinical and laboratory immunology; paediatric immunology; paediatric allergy):		Speciality:
Anticipated CCT date is:		Do you intend to sit the FRCPath Immunology Exam? Yes/No
*We plan to use email for all communication whenever possible. The above information will be used by the ACP and BSI for the purposes of administering the Immunology Training Days in line with their privacy policies which can be found on their websites.		
Signature:		Date:

Please return completed registration form, by email to:

Paulene Horrocks - [office@pathologists.org.uk](mailto:office@pathologists.org.uk)