



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

**Immunology Training Days Application Form**

Forename (just one, how you like to be known):		
Surname: (family name)		
Work address:		
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 (please specify if immunology, paediatric immunology or 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:

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

or by post to:-

Association of Clinical Pathologists, 189 Dyke Road, Hove, East Sussex, BN3 1TL