Special Interest Session – East of England

Please complete this template and send to [Jo.saunders4@nhs.net](mailto:Jo.saunders4@nhs.net) if you would like to register a Special Interest Session for Higher Trainees.

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| --- | --- |
| Name: |  |
| Clinical Supervisor name and Specialty: |  |
| Base: |  |
| Days and Duration: |  |
| Highlight what the role would involve and any further opportunities: |  |
| Anything you would like to add: |  |