Special Interest Session – East of England

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

|  |  |
| --- | --- |
| 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:  |  |