

Course Application Form:
Return to Acute Clinical Practice in Obstetrics & Gynecology,
East of England Deanery

Friday 10th May 2019
Partnership Suite, Education Centre, Hinchingsbrooke Hospital

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| Name | |
| Email address | |
| Mobile number | |
| Unit, ST level, FT/PT before time out of programme (OOP) | |
| Reason for time OOP | |
| Anticipated duration OOP | |
| Anticipated return to work date (approx.) | |
| Unit, ST level, FT/PT on return to programme | |
| Dietary requirements | |
| What are your concerns about returning to practice? | |
| What would you like to gain from this course? | |

Please return this form to sangeetapathak@nhs.net by Friday 12th April 2019