

**Institute of Ophthalmology-
University College London**

Associated with
Moorfields Eye Hospital

**Application form for admission to
Revision Course in Basic Sciences 23 – 27 February 2015**

Surname: **Other Names:**

Title:

Nationality:

Dietary Requirements:

Degrees/Diplomas:

Correspondence Address:

.....

.....

Daytime Contact Number:

Fax Number:

Email:

Present Appointment:

Are you registered with the General Medical Council? YES [] NO []

Name of Institution where your appointment is held:

Where did you see the course advertised?

Are you funding the course yourself? YES [] NO []

If no, please state the authority responsible for your payment of fees, with a contact name to which the invoice can be sent:

NAME (Finance Officer/Clinical Director):

ADDRESS:

Payment of course deposit is by cheque (Sterling, Euro or US\$). Please make the cheque payable to **University College London** and include when returning this form. The deposit is non-refundable in the case of cancellation. **Alternatively you may pay the fee via a bank transfer to University College London. If using this option please quote DN13 43B as a reference and send a receipt of the payment with your application form.**

UCL Bank details:

Barclays Bank

190 Tottenham Court Road

London W1A 3AT

Account: 40178691

Sort Code: 20-10-53

IBAN: GB87BARC20105340178691

SWIFT: BARCGB22

Please delete as appropriate.

I enclose £50.00 (€66) (\$85) (Deposit) or

I enclose £550.00 (€720.00) (\$915.00) (Full amount 5 day Basic Sciences course)

Signed.....

Please send your application and payment to:

Andrew Dehany, Education Assistant
UCL Institute of Ophthalmology
11-43 Bath Street
London, EC1V 9EL