

Application Form

Instructions (any difficulty please email DLadmin@bpna.org.uk or telephone +44 (0)1204 526002

1. a) On your browser click 'File' and then 'Save As'. Save this form to your computer.
b) Save the file again as '**File Name: your name**' and '**File Type: Word Document**'
2. Complete this form and save the document.
3. Email this document (do not include any credit card details) with a copy of your cv to:
DLadmin@bpna.org.uk

Personal Details:

Title: First Name: Surname:

Hospital employed at:

Position:

Address for correspondence:

Postcode:

Country:

Work Telephone:

Mobile:

Email:

How did you hear about the course?

Tutor:

I have agreed to be the applicant's Tutor on the distance learning programme.

Title: First Name: Surname:

Position:

Address for correspondence:

Work Telephone:

Email:

Have you read the [Introductory Guide to being a Tutor](#)?

Payment Details:

I am currently employed in the country of _____ and understand the total course fees to be _____.

I understand that I can pay the course fees in full or paid in four instalments of 25%, every 6 months. The first 25% is payable with your application form. We can send an invoice to your employer or sponsor if this is helpful.

Please complete the payment details on the next page.

Access to course materials:

On receipt of your registration form and first payment you be sent your login in details and you will be able to access three units, including the Introductory unit. You may choose which other two units you would like to work on. On receipt of your second payment, we will provide access to another three units. On receipt of your third payment, we will provide access to another three units and the remaining three units will be provided on receipt of your final payment.

I would like to begin working on units:

	Title	Working hours	Please open these units (choose 2 more)
1	Introductory Unit	48	
2	Embryology, disorders of neuro-embryogenesis, hydrocephalus and neonatal neurology	48	
3	Neurodevelopment and Neuropsychiatry	90	
4	Central motor deficits; congenital and acquired spinal cord disorders	60	
5	Development and function of the peripheral nervous system and neuromuscular disorders	48	
6	Membranes, channels, epilepsy and paroxysmal disorders (including headache)	100	
7	Cerebrovascular disease, trauma and coma	48	
8	Inflammation and infection of the nervous system	48	
9	Metabolic, Nutritional and Systemic Disease	48	
10	Vision, Hearing and their Disorders	24	
11	Neuro-oncology	24	
12	Headache	24	

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PAYMENT METHOD

I have paid by bank transfer to:

Account Name: BPNA
 Bank: Barclays Bank plc. Cherry Hinton Road, Cambridge
 Sort Code: 20-17-19
 Account Number: 50309745
 IBAN: GB96 BUKB 20171950309745
 SWIFT: BUKBGB22
 Reference: DL (*your family name*)

Amount (25% minimum due): _____ Date: _____

Invoice my employer:

For the attention of: _____

Purchase Order / Approval reference: _____

Full postal address: _____

Postcode: _____

Telephone number in case of late payment (*must be provided*): _____

Credit/Debit Card:

PLEASE DO NOT EMAIL YOUR CREDIT CARD DETAILS. If you wish to pay by credit card, you can pay online at: www.BPNA.org.uk - Click on the blue 'make payment' button. You will need an invoice reference number first. Please contact BPNA for a reference number or you can send your credit card details to BPNA by fax. Your card details will be destroyed after the payment has been made

Card holder's name: _____

Course attendee's name (if different): _____

Card holder's address: _____

_____ Postcode: _____

Amount: _____

Card holder's signature: _____

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Credit card number: \_\_\_\_\_

Card type: \_\_\_\_\_



Expiry date: \_\_\_\_\_ Start date/issue no: \_\_\_\_\_

Security number (last 3 digits on reverse of card): \_\_\_\_\_