**Psychiatry School Conference 2018 Poster Application**  
Please complete in full before sending to [psychiatry.yh@hee.nhs.uk](mailto:psychiatry.yh@hee.nhs.uk).

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| **Personal Details** | | | |
| Name: |  | | |
| GMC Number: |  | Grade: |  |
| Specialty: |  | | |
| Email Address: |  | | |
| Current Trust: |  | | |

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| **Please note if you are also running a workshop, you will be required to bring two posters as one poster will be displayed in a separate room to viewing.** | | | |
| Description of Poster: | | | |
| Signed (Trainee): |  | Date: |  |
| Signed (TPD): |  | Date: |  |