#

**Course Booking Form**

## **Return to Acute Care training ( REACT )**

**1st May 2019**

**Simulation Centre, Field House, Bradford Royal Infirmary BD9 6RJ**

## **Your Information**

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| --- |
| Name:  |
| Address:  |
| Postcode: | Mobile: |
| Email Address: | GMC Number: |

## **Your WorkPlace**

|  |
| --- |
| Role & Specialty: |
| Work Place & Region: |
| Expected grade on return to work: |
| Length of absence from role:  |
| What would you like to get out of the course:Skills Training: Yes/NoDealing with difficult situations: Yes/NoTeam training including Human Factors: Yes/NoDealing with acutely unwell patients: Yes/NoAny other comments/Suggestions: |

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