

# Colchester Fibreoptic Intubation Training



## Confidential application form (please write clearly – print if necessary)

### Your contact details

First Name:

Surname:

Address:

Contact Telephone Numbers:

Email address:

---

### Course details

I am applying for a place as **Participant** **Observer** (*Delete as appropriate*)

My preferred dates are

If a place became available at short notice (in the event of a cancellation) I would be willing to be contacted **Yes** **No** (*Delete as appropriate*)

---

### Your experience

Qualifications (with dates):

Current Grade:

Current Hospital:

Level of experience in fibreoptic intubation: none/minimal/moderate/extensive

Approximate number of fibreoptic intubations under GA:  
(under supervision or solo)

Approximate number of fibreoptic intubations under LA:  
(under supervision or solo)

What do you hope to gain from this course?

---

**Relevant Medical History (only complete this section if applying to be a participant on the course)**

Weight in kg:

Do you have any infectious diseases (eg Hepatitis B)?

Please list your current medication?

Do you suffer with any of the following?

- |               |                          |
|---------------|--------------------------|
| Hypertension  | <input type="checkbox"/> |
| Heart disease | <input type="checkbox"/> |
| Liver disease | <input type="checkbox"/> |
| Epilepsy      | <input type="checkbox"/> |
| Diabetes      | <input type="checkbox"/> |
| Asthma        | <input type="checkbox"/> |

**If female** Are you (or could you be) pregnant?

***Please note that a 'yes' answer to any of the above would mean that you might not be accepted onto the course as a candidate. However you may still come as an observer.***

Do you have any other current medical problems?

Do you suffer with nose bleeds?

Do you have any history of nasal obstruction or nose problem?

Please list any allergies:

**This information will be treated confidentially and will only be used to assess your suitability as a candidate on the Colchester Fibreoptic Intubation Course. Return this form and your cheque to:**

**Naomi Hill  
Colchester General Hospital  
Turner Road  
Colchester  
CO4 5JL  
07920546207  
naomi.hill@essexrivers.nhs.uk**