

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:

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