

Trainees in Gastrointestinal Endoscopy Registration Form G

This form is a generic form for all Nurse Endoscopists, Radiologists, General Practitioners, Gastroenterology SpRs and General Surgery trainees.

TRAINEE CONTACT DETAILS

(Please complete this form in BLOCK CAPITALS)

First name	Surname
<input type="text"/>	<input type="text"/>
Speciality/discipline e.g. GP, SpR	
<input type="text"/>	
GMC/NMC No.	NTN (for SpR's only)
<input type="text"/>	<input type="text"/>
Training Unit	JAG Unit registration number
<input type="text"/>	<input type="text"/>
Unit Address	
<input type="text"/>	
Training supervisor	
<input type="text"/>	
Proposed duration of training from (DD/MM/YYYY)	Proposed duration of training to (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Modalities	
Upper GI <input type="checkbox"/>	Colonoscopy <input type="checkbox"/>
Flex Sig <input type="checkbox"/>	ERCP <input type="checkbox"/>
Foundation course in gastrointestinal endoscopy	
Course Facilitator	Date completed/ to be completed (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Signature	Date of application (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Postal address	
<input type="text"/>	
Email address	
<input type="text"/>	

HOW TO REGISTER

By email

Please email the completed registration form to:
askjets@rcplondon.ac.uk

By post

Please mail the completed registration form to :
JAG Central Office
Clinical Standards Department
11 St Andrews Place
Regents Park London NW1 4LE