



RESTRICTED STAFF (when completed)



DEFENCE CBRN SCHOOL – COURSE APPLICATION FORM

Please complete all sections of this form and return to:

Course Co-ordinator

Defence CBRN School
Winterbourne Gunner
SALISBURY
Wiltshire SP4 0ES

Tel: 94333 4266 / 01722 436266

Fax: 94333 4232 / 01722 436232

E-mail: wbn-dcbrnc-sch-csecoord1@mod.uk

Course Title: CBRN CLINICAL COURSE	Course Number	Dates

STUDENT DETAILS:				
Service Number	Rank	Surname & Initials	Service (RN / Army / RAF or Civilian)	Cadre (Medical / Nursing / Other)
			<input type="checkbox"/> Regular <input type="checkbox"/> Reserve	
Specialty or Role (including grade)		E-mail address (for pre-course material)	Unit	

JUSTIFICATION:	Contact details (incl. telephone):
<p><i>Please give details of any operational requirement, specialty or role.</i></p> <p><input type="checkbox"/> Operational requirement (please state above) <input type="checkbox"/> Specialty training (please state above) <input type="checkbox"/> CPD</p>	

ADDITIONAL INSTRUCTIONS	Unit stamp or authorisation / sponsor
<p><u>Respirators should be in date.</u></p> <p>Glasses should be worn in lieu of contact lenses for practical session in Individual Protective Equipment.</p> <p>CBRN suits will be provided during the course.</p> <p>Any special dietary need should be mentioned at time of booking accommodation.</p> <p>Pre-course material will be forwarded on confirmation of a place on the course.</p>	
	<p>UIN: (Required)</p>

<p>OFFICE USE ONLY</p> <p><input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> Accepted <input type="checkbox"/> Deferred <input type="checkbox"/> Declined</p> <p><input type="checkbox"/> Letter sent <input type="checkbox"/> Pre-course material sent Date:</p>



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