# OSCE Booking Form

## Please complete one booking form per candidate:

|  |  |
| --- | --- |
| Title and Surname: |  |
| Forename(s): |  |
| Job title (please circle): | Local MangerScreener (Hospital Site)Screener (Community Site) non HV/RNScreener (Community Site) AABROther e.g. Audiologist (please specify) |
| \*NHS Trust |  |
| Postal address |  |
| Telephone: |  |
| Email: |  |

Please email this completed form to phe.nhsptraining@nhs.net

Confirmation of the date and venue will be sent within 10 working days

*If a booking is cancelled without giving 10 working days’ notice a handling charge of £30 will be made (except in exceptional circumstances)*