

# CONTRACEPTION AND SEXUAL HEALTH UPDATE FOR PRIMARY CARE

## APPLICATION FORM

Tuesday, 29<sup>th</sup> November 2005  
9.00- 4.30 pm

Campanile Hotel  
10 Tunnel Street  
Glasgow G3

**Please use block capitals.**

SURNAME.....

OTHER NAME.....TITLE.....

ADDRESS FOR CORRESPONDENCE.....

.....

.....POSTCODE:.....

TELEPHONE NUMBER:

Day:.....Bleep No..... Mobile No.....

PRESENT POST:

.....

.....

Signed:..... Date:.....

**Course Fee:** £100 per day for medical staff  
£50 per day for nursing staff

Cheque should be made payable to: **NHS Greater Glasgow Primary Care Division**

Please return the completed form with cheque to: Mrs Eileen Elder  
Training Co-ordinator  
Family Planning & Reproductive  
Health Care  
The Sandyford Initiative  
2/6 Sandyford Place  
Glasgow G3 7NB

**CLOSING DATE FOR RECEIPT OF COMPLETED  
APPLICATION FORM AND CHEQUE**  
- Friday 4<sup>th</sup> November 2005 -