

**JOINT COMMITTEE FOR THE CARDIOTHORACIC SURGICAL CARE PRACTITIONER EXAMINATION.**

APPLICATION FORM FOR CARDIAC SURGICAL CARE PRACTITIONER EXAM - 15th  
December 2016

**REGIONAL CENTRE OF ROYAL COLLEGE OF SURGEONS OF EDINBURGH  
COLMORE ROW, BIRMINGHAM.**

FULL NAME: .....

Work address: .....

Email • .....

TRUST: .....

YEAR STARTED TRAINING: .....

NAME OF UK PROFESSIONAL BODY:..... REGISTRATION NUMBER: .....

**Line Manager Statement.**

I confirm that (your name) ..... is employed by (your trust)

..... As a trainee cardiac surgical care practitioner

Name:.....

Signature: .....

Date: .....

**Consultant Cardiothoracic Surgeon Trainer Statement.**

I confirm that (your name) ..... is receiving cardiothoracic surgical SCP  
training based on the Curriculum published in the SCP Curriculum Framework 2014 and will have undergone a minimum  
of 18 months of training prior to the exam

Name: .....

Signature: .....

Date: .....

Please send completed form and Cheque for £200 payable to 'Society for Cardiothoracic Surgery' to

Mr. Norman Briffa  
Consultant Cardiothoracic Surgeon,  
Northern General Hospital,  
Herries Road,  
Sheffield S5 7AU

***Closing Date for receiving Applications: 28th October 2016***