KINGSBRIDGE
TRAINING ACADEMY

Certificate in Cervical Screening for Healthcare Professionals

Course Application Form

Personal Details

Title (Miss/Mrs/Ms/Mr/Dr)	
Full Name	
Address	
Telephone Number	
Email Address	
Professional Pin	

Employment Details

Job Role	
Employer	
Employer Address	

I confirm that my employer can provide me with access to complete 20 cervical samples post course	YES	NO

Clinical Supervisor Details

Title (Miss/Mrs/Ms/Mr/Dr)	
Full Name	
Telephone Number	
Email Address	
Job Role	
Professional Pin	

Signature _____ **Date** _____

Please return completed application forms to Kingsbridge Training Academy

Email: info@kingsbridgetrainingacademy.com
Post: Kingsbridge Training Academy, 10 Falcon Way, Boucher Road, Belfast, BT12 6SQ