

### Application Form – International Faculty

**Definitive Surgical/Anaesthesia Trauma CareTM Course**

**Application Form to join International Faculty**

**(Please type or print using black ink)**

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| **Application for** | |  | | **DSTC (Surgery)** | | | |  | | **DATC (Anaesthesia)** | | | | | | |
| **Application Date** | |  | | | **Application sent by:** | | | **email** | |  | | | **Fax** |  | **Post** |  |
| **Surname** | |  | | | | | | **Title** | | | |  | | | | |
| **First name** | |  | | | **Calling name for name badge** | | | | | | |  | | | | |
| **Business Address** | |  | | | | | | | | | | | | | | |
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| **Postal Address** | |  | | | | | | | | | | | | | | |
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| **Telephone: Home** | |  | | | **Telephone: Business** | | | | | |  | | | | | |
|  | |  | | |  | | | | | |  | | | | | |
| **Mobile Phone:** | |  | | | **Email:** | | | | | |  | | | | | |
| **Nationality** | |  | | |  | | | | | |  | | | | | |
| **Current appointment** | |  | | | | | | | | | | | | | | |
| **University degree** | | |  | | | | **Date** | | | |  | | | | | |
| **Highest Surgical Examination** | | |  | | | | **Date** | | | |  | | | | | |
| **ATLS® successfully completed** | | |  | | | | **Date** | | | |  | | | | | |
| **DSTC/DATC Participant: Venue** | | |  | | | | **Date** | | | |  | | | | | |
| **DSTC/DATC Instructor: Venue** | | |  | | | | **Date** | | | |  | | | | | |
| **DSTC/DATC Instructor: Venue** | | |  | | | | **Date** | | | |  | | | | | |
| **DSTC/DATC Instructor: Venue** | | |  | | | | **Date** | | | |  | | | | | |
| **DSTC/DATC Instructor: Venue** | | |  | | | | **Date** | | | |  | | | | | |
| **DSTC/DATC Instructor: Venue** | | |  | | | | **Date** | | | |  | | | | | |
| **Signature of applicant** | | |  | | | | **National Chair** | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Office Use only** | | | | | | | | | | | | | | | | |
| Date Received | Date acknowledged | | | | | Date approved | | |  | | | | | | | |
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