

**TRAINING PROGRAMME APPLICATION FORM**  
**FOR THE BIRMINGHAM HEARTLANDS HOSPITAL**  
**DIABETIC RETINOPATHY SCREENING PROGRAMME**

**Please confirm the dates you will be attending:**

**Name:-**.....

**Address: -**  
.....  
.....

**Phone No: -**.....

**Mobile: -**.....

**Email: -**.....

**Place of employment & workplace experience for forth coming year :-**  
.....  
.....

**Current position: -**.....

**Qualifications including GOC number (for optometrists): -**  
.....  
.....

**Previous Diabetic Retinopathy Screening Experience: -**  
.....  
.....

**What level of computer skills do you have?**  
.....

**Do you have regular access to a digital fundus camera system?**  
Yes / No

Does this meet National Standard (see NSC website): - Yes / No  
If yes which make & model: -

.....

*Do you have access to software programme? Please state name of software*

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If no, when will a digital fundus camera system be purchased or provided for your use?

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*Lunch will be provided Normal\*/Vegetarian\*/Other please state*

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*£50.00 deposit non-refundable is required – if booking is two months before course dates*

*If funded by PCT name of PCT and their contact details*

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**Parking at Birmingham Heartlands Hospital is on visitors car park charges are on display. Current charges are 3 day pass for £7.00, 4- 8 hrs £5.00.**

**Buses from Birmingham City Centre to Heartlands Hospital main entrance are 97 and 97A. Although the nearest train station is Stechford, it is approximately a 20 –25 min walk.**

**If you have any queries please contact Sister Jane Pitt, Ward 34 Diabetes Centre, Birmingham Heartlands Hospital, Bordesley Green East, Birmingham B9 5SS**

**Tele no. 0121 424 0105 or**

**E-mail [jane.pitt@heartofengland.nhs.uk](mailto:jane.pitt@heartofengland.nhs.uk)**

**Thank you**

