

**DIPLOMA OF THE FACULTY OF SEXUAL AND REPRODUCTIVE
HEALTHCARE (DFSRH)**

Trainees Registration Form (2010)

To register for the programme please complete the following and return to the Faculty with your cheque for £50 (made payable to "Faculty of Sexual and Reproductive Healthcare")

1) **Given Name:**
(As shown on GMC Register)

2) **Last Name:**
(As shown on GMC Register)

3) **Email:**

4) **Place of Work:**

5) **Work Post Code:**

6) **Primary Specialty:**

GP	<input type="checkbox"/>
O&G	<input type="checkbox"/>
GU Med	<input type="checkbox"/>
SRH	<input type="checkbox"/>
Other:

7) **Grade:**

8) **Primary Job Role:**

GP Trainee:	<input type="checkbox"/>
O&G Trainee:	<input type="checkbox"/>
GU Med Trainee:	<input type="checkbox"/>
SRH Trainee:	<input type="checkbox"/>
Other:

9) **GMC Number:**

10) **Year of Qualification:**

Disclaimer:

This data will be held by the Faculty of Sexual and Reproductive Health Care and e-Learning for Healthcare (e-LfH) who administers the e-SRH theoretical element of the programme. The data provided will only be used for the administration of the Diploma (DFSRH) training programme and will not be supplied to, or shared with, third parties or used for purposes other than administering the DFSRH programme.

Fee for Registration:

There will be a £50 fee for registration to cover the administration of the programme including access to your e-portfolio.

I wish to be pre-registered for the DFSRH and I confirm that I have read the disclaimer.

Signature Date

Return this form with your cheque to: Faculty of Sexual and Reproductive Healthcare, 27 Sussex Place, Regent's Park, London NW1 4RG