



BASHH / BHIVA / FSRH Mentoring Programme

Course on Mentoring Skills for Sexual Health / HIV Physicians

Friday, 7 December 2018 at 0930–1600

Medical Research Council Head Office, 13th Floor, One Kemble Street, London WC2B 4AN

Registration Form

Please complete this form and return with your payment of £100 to the BHIVA Secretariat.

Delegate Details

Title: _____

First name: _____

Last name: _____

Position: _____

Grade: _____

Institution: _____

Town/City: _____

The above information will be used on your name badge

Correspondence address: _____

Postcode: _____

Email: _____

Telephone: _____ Fax: _____

Dietary requirements: Vegetarian Other: _____

Payment

Cheque: I enclose a cheque for £100 made payable to the **British HIV Association**

Debit/Credit Card: I authorise payment by credit card in the amount of £100

Card type: American Express MasterCard Visa Debit Card

Card number: Expiry date:

Name of card holder (if different from above): _____ Security code:

Signature: _____ Date: _____

Join the Mentors

Would you be willing to join the pool of mentors after the course? Yes No Not sure

Cancellations: Providing that written notice of cancellation is received by **Friday 23 November 2018**, your payment will be refunded less a £10 administration charge.

Data protection: BHIVA complies with the General Data Protection Regulation (GDPR), the European directive that came into effect on 25 May 2018. Information provided by you on this form will be processed by Mediscript Ltd on behalf of BHIVA and held on a secure database for the purposes of billing and accounts. BHIVA will retain basic information about you to allow us to communicate with you in relation to this event. You can unsubscribe at any time. See the BHIVA Privacy notice [online](#).

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