

YDF DAFNE DOCTOR PROGRAMME APPLICATION FORM

Please complete **all** sections of the form.

Your first name

Your last name

Your email address

Year of SpR training *Please tick*

3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>

Please enter your work address*

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Is this a registered DAFNE diabetes service? Yes No Not sure

Your mobile/contact number

Your contact address (if different from above).
This is the address course resources will be sent to

.....

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Dietary/other requirements

Please indicate in order (1-4) your preferred DDP (*please read DAFNE Doctor Programme information before making your selection*):

27 April 2010, Sheffield	<input type="checkbox"/>
9 July 2010, London	<input type="checkbox"/>
18 November 2010, Northumbria	<input type="checkbox"/>
11 January 2011, Leicester	<input type="checkbox"/>

Continued overleaf

