



APPLICATION FOR APPROVAL

Name of course	
Course venue (with full postal address)	
Sponsoring Hospital (if different from venue)	
Proposed Dates of Course	
Course Convenor (name, job title and hospital)	
Convenor's telephone number	
Convenor's email address	
Course Administrator (name, job title and full postal address)	
Administrator's Telephone Number	
Administrator's Fax Number	
Administrator's Email Address	
Proposed Course Fee	
Number of Participants	
The course organisers confirm that participants and faculty will be involved in the evaluation of each course on each occasion it runs	<p>Yes / No</p> <p>(please delete as appropriate)</p>

Attachment Checklist – please tick boxes to indicate that you have attached the items required:

Course Programme	
Draft Course Budget	
List of Proposed Faculty Members	

For ALS Use only
Course approved by:

Please return to: Jenny Treglohan, Executive Officer, The Association of Laparoscopic Surgeons at The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE
 Tel: 0207 973 0305 Fax: 0207 430 9235 Email: jtreglohan@asgbi.org.uk Web: www.alsgbi.org

Name.....
Signed.....
Date.....

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