Application Form

UK HPB ROBOTIC SURGERY CONFERENCE AND HANDS ON DISSECTION COURSE

20-21 June 2019

Newcastle Surgical Training Centre, Freeman Hospital





**Newcastle Surgical Training Centre** delivers over 170 advanced training courses from regional, national and international surgeons representing multi specialties. Collaboration with national and international faculty drives a greater understanding of surgical techniques delivering improved patient care.

**www.nstcsurg.org**



**www.nstcsurg.org**

**Newcastle Surgical Training Centre**

**FACULTY**

Professor Steven White – Course Director

Additional faculty to be confirmed

Further information

For full details and registration information visit www.nstcsurg.org

Or contact: Louise Sore

Freeman Hospital, Newcastle upon Tyne

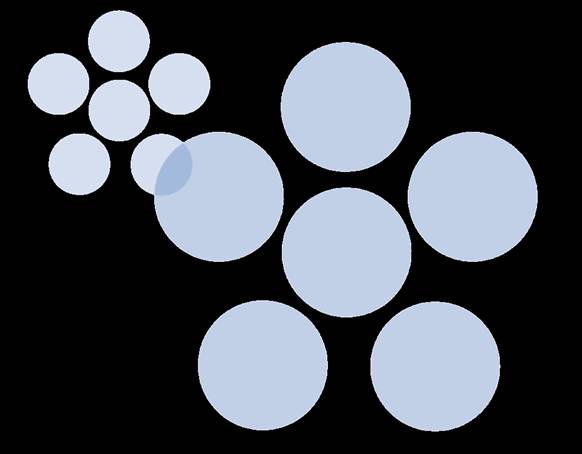
Tel: (+44) 191 213 8589

Email: louise.sore@nuth.nhs.uk

At the Newcastle Surgical Training Centre we are committed to giving you the best possible opportunities in education and training by offering a wide range of multidisciplinary courses to meet your every need. Our highly professional clinicians are here to train and support you every step of the way. Combining didactic teaching and practical procedures with leading edge technology, we offer first rate cadaveric training and continuing professional development in a purpose built facility. We also carry out pioneering research into new techniques and ensuring that you receive the very best surgical training available in the UK, both for today and in the future.

The Newcastle Surgical Training Centre is led by the co-directorship of Professor Alan Horgan and Professor David Deehan. The centre delivers over 150 advanced training courses from regional, national and international surgeons representing multi specialties. Collaboration with national and international faculty drives a greater understanding of surgical techniques delivering improved patient care.

About the centre



* COURSE OBJECTIVES

NON DISSECTORS – Clinical Lectures and simulator access only

* Define the role of HPB laparoscopic/robotic surgery in current day practice
* Appreciate the strengths and weaknesses of the evidence base in this emerging field
* Share best practice on setting up a robotic surgery programme.
* Overview of recent European guidelines on laparoscopic liver surgery
* Understand the benefits and rationale of offering an HPB service
* DISSECTORS
* Full access to the Da Vinci Robot – with hands on procedures on fresh frozen cadavers and full access to the clinical lectures –
* Become familiar with the function and operation of the da Vinci Surgical System
* Appreciate the ergonomics of the da Vinci Surgical system robot and the available robotic instrumentation
* Understand the selection process for patient position, da Vinci surgical team position and robotic surgical approaches. Learn robotic tissue dissection techniques using monopolar energy
* A two day intensive course Number of Dissectors limited to 8
* DISSECTORS – Will have full access to the Da Vinci Robot with Hands On Procedures and attendance to the Clinical Lectures
* 10 NON DISSECTOR Places only –
* Non Dissectors will have full access to the Clinical Lectures and a simulator
* Refreshments included
* Course certificate on completion, Course dinner
* The course uses fresh frozen cadaveric specimens
* FRESH FROZEN CADAVERS - COURSE CONTENT INCORPORATES THE FOLLOWING PROCEDURES
* Extended Cholecystectomy
* Distal Pancreatectomy/Splenectomy
* Robotic Suturing
* Pancreaticoduodenectomy

• Liver resection

Course overview

**www.nstcsurg.org**

**Newcastle Surgical Training Centre**

Application Form

Date:

20-21 June 2019 (2 days)

Robotic HPB Course

**OBSERVER FEE** £395

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **DISSECTOR FEE**: | £1200 |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Your details | |
| Surname: | Title: (Mr / Mrs / Miss / Ms ) |
| Forenames: | |
| Job Title: | Department: |
| Hospital Address: |  |
|  | Postcode: |
| Mobile Telephone: | Email: |

|  |
| --- |
| Further details |
| How did you hear about this course? Trust Website Mailing Other |
|  |
| Please state any special dietary requirements: |
|  |
|  |
|  |
| Please state to whom invoices should be addressed, if no alternative contact is given, all invoices  will be directed to the applicant |

|  |  |
| --- | --- |
| Declaration | |
| Signed: | Date: |

Course title:

**Please note:** The course fee will include: lunch and refreshments. Payment can be made via BACS (automatic bank transfer) by Credit Card, or by cheque payable to **Newcastle upon Tyne Hospitals NHS Trust.** Full details and registration information at [www.nstcsurg.org](http://www.nstcsurg.org) Please note payment is due at registration to secure your place. Attendance on the course is conditional upon advance payment being received. Refunds cannot be given in the event of your cancellation within two weeks of the course date. The NSTC cannot accept liability for costs incurred in the event of a course having to be cancelled as a result of circumstances beyond its reasonable control. There is an administration charge of 10% (or £50, whichever is greater) of the total course fee. However, within four weeks prior to the start date of the course, the total course fee will be charged unless in exceptional circumstances at the discretion of the NSTC.

While we make every effort to run courses as advertised, we reserve the right to change the timetable and/or the teaching staff without prior notice and to cancel any courses without liability (in which case there will be a full refund of course fees to participant). Note that any consequential losses (e.g. travel or accommodation costs) incurred in such cases remain the responsibility of the booker, and consideration should be made to taking out appropriate travel insurance for any non-refundable costs.

 **Newcastle Surgical Training Centre**

**On line Credit Card Payment Authorization Form**

Sign and complete this form to authorize **Newcastle Surgical Training Centre** to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

Please state Name: I ……………………………………………………………………… authorize Newcastle Surgical Training Centre to charge my credit card   
  
Robotic HPB -

£1200 dissector

£395 – Non dissector

**Address including Postcode:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Email:** |  |
| **Phone:** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account Type:  Visa  MasterCard  Discover **WE DO NOT ACCEPT DINERS CLUB OR AMEX**   |  |  | | --- | --- | | **Cardholder Name** |  | | **CARD Number** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Expiration Date** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Valid from date**  **Security number(3 digit number on back of Visa/MasterCard** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ | |  |  | |

**SIGNATURE:** **DATE:**

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**Newcastle Surgical Training Centre, Freeman Hospital, High Heaton, Newcastle upon Tyne. NE7 7DN**

**Tel 0191 24 48913 Email: Lorraine.waugh@nuth.nhs.uk**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COURSE PAYMENT OPTIONS | | | | | |  | | | |
| **Newcastle Surgical Training Centre**  **Freeman Hospital**  **High Heaton**  **Newcastle upon Tyne NE7 7DN**  **TEL: 0191 24 48913** | | | | | | | | | |
| Payment Options |  |  | | |  | |  | |  |
|  | | | | | | | | | |
| **If you wish to make a payment by cheque:** | | | | | | | | | |
| Please make the cheque payable to: Newcastle upon Tyne Hospitals NHS Trust | | | | | | | | | |
|  | | | | | | | | | |
| **If you wish to make a payment by credit card:** | | | | | | | | | |
| Please contact Freeman Hospital, Cashiers Department | | | | Telephone Number | | | | 0191 21 37694 | |
| Please quote: NSTC/XOT245/60130 | | | |  | | | |  | |
| Please state the Name of the Course | | | |  | | | |  | |
| |  |  |  |  | | --- | --- | --- | --- | | **If you wish to pay by BACS** | | | | | **Bank Name** | **HSBC** | | | | **Bank Address** | **110 Grey Street, Newcastle upon Tyne. NE1 6JG** | | | | **Sort Code** | **403418** | **Account No: 41763709** | **NUTHNo.1** | | **IBAN No:** | **GB86MIDL40341841763709** | | **Swift Code: MIDLGB2108J** | | **Ref:** | **SURGTRAINING** | |  | | **Newcastle upon Tyne Hospitals NHS Trust VAT NO:** | | | **654968777** | | | | | | | | |  | |
| **https://webmail.nuth.nhs.uk/WebMail/Lorraine.Waugh/Inbox/NSTC%20logo%20and%20spotlights.EML/1_multipart_xF8FF_3_multipart_xF8FF_1_n.s.t.c._logo.jpg/C58EA28C-18C0-4a97-9AF2-036E93DDAFB3/n.s.t.c._logo.jpg?attach=1** | | |  | | | | | | |