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***THE 8thNEWCASTLE ERCP AND ENDOSCOPIC ULTRASOUND COURSE FOR ENDOSCOPY NURSES***

***Friday, 11 March 2016***

***Institute of Transplantation, FreemanHospital,***

***Newcastle upon Tyne***

***Programme to include:***

**Anatomy and Physiology of the liver and the pancreas**

**ERCP –indications& complications**

**Pre assessment, preparation and post procedural care of patients having ERCP and EUS**

**Opportunity to visit the Freeman Endoscopy Unit**

**Endoscopic Ultrasound – Oesophagogastric and pancreaticobiliary**

**3 hours of breakout sessions during the day**

**‘Hands on’ time with accessories**

**Recent advances in ERCP & EUS equipment**

***Course Fee - £100***

***Further information available from***[***Vanessa.Chirnside@nhs.net***](mailto:Vanessa.Chirnside@nhs.net) ***or Manu.Nayar@nuth.nhs.uk***

***Registration Form Attached***



**ERCP & EUS COURSE FOR NURSES REGISTRATION FORM**

**Wednesday, 7 nd March 2012**

### **Please complete clearly and in BLOCKCAPITALS.**

### Your name should be given as it will appear on your Certificate of Attendance.

Surname:……………………………...First Name………………………………

Job Title………………….……………………………………………………………

Hospital/Trust name and address for correspondence…….………….................

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Post Code: ………………… E-mail: …………………………………………………….

Contact telephone number….……………………………………………………………….

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| **Registration Details** | | **ERCP / EUS for Nurses**  **Numbers limited to 50 delegates** |
| **Venue**: The Institute of Transplantation,FreemanHospital,  **Course date:** Friday, March 11, 2016  **Course time** Registration from 8am – finish time 5pm  **Registration fee :**£100 per delegate | | |
| **Dietary details** | ❑ Vegetarian  ❑ Other (please specify)………………………………………. | |
| **Payment Details** | Payment includes access to all sessions, refreshments and lunch  Registration will **NOT** be accepted without payment.  **PLEASE STATE METHOD OF PAYMENT:**  **(Please tick appropriate box)**  **□**Cheque made payable to:  **NEWCASTLE HOSPITALS TRUST – XOT 241 - 60130**  **□BACS Payment details are available on request**  **(please email Vanessa Chirnside for details)**  **□ Sponsorship, please state which company ……………………** | |

* Your name and current position will be included on the list of participants circulated at the course.
* Certificates of attendance will be awarded after the final session of a course. Please bear this in mind when making your travel arrangements.

**NB. In the event of a delegate cancelling their attendance, the course fee may be retained.**

SIGNED: …………………………………………. DATE: …………………………………

**🖂 Please return to:** Vanessa Chirnside, Endoscopy Unit, Ward 22,FreemanHospital, Newcastle upon Tyne. NE7 7DN

**Please remember to enclose your course fee as registrations will NOT be accepted without payment.**