

**OUTER CLUSTER CARDIAC DEVELOPMENT
PROGRAM FOR PRIMARY CARE
PRACTITONERS**

BOOKING FORM

**I WOULD LIKE TO ATTEND THE OUTER
CLUSTER CARDIAC DEVELOPMENT PROGRAM
FOR PRIMARY CARE PRACTITIONERS ON**

THE
(Please state session you are interested in.)

NAME

E-MAIL ADDRESS

POSITION/TITLE

ADDRESS OF PRACT/ORGAN

.....

(Please inc postcode.)

**Please return form to
Folashade.akintola@bdpct.nhs.uk or fax it to
Shade Akintola NEL Cardiac Network on
0208 532 6337**