

## Clinical Programme 'Taster' Sessions

### Application Form

**Name**

**Email address**

**Telephone number**

**Current Role**

**Organisation**

**Clinical Programme 'Taster' Session** (Please tick the box next to your chosen CPG. If you wish to attend a second one please tick both boxes and specify your 1st/2nd choices in the comments box)

Condition Specific Programmes	Cohort Specific Programmes
<input type="checkbox"/> Cancer <input type="checkbox"/> Living well with pain	<input type="checkbox"/> Children & Young People
<input type="checkbox"/> CVD <input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Frailty
<input type="checkbox"/> Dementia <input type="checkbox"/> Neurology & Rehabilitation	<input type="checkbox"/> LD & Autism
<input type="checkbox"/> Diabetes <input type="checkbox"/> Respiratory	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Eye Health	<input type="checkbox"/> Urgent and Emergency Care
<input type="checkbox"/> Renal	<input type="checkbox"/> Palliative and End of Life Care
<b>Comments</b>	

**Line manager** (Please print/type name below and tick this box  to confirm their approval)

**Signature** (If filling out digitally please type your name below)