



iatsic

International Association for Trauma Surgery and Intensive Care

Definitive Surgical Trauma Care™ Course

Course Candidate Application Form

(Please type or print using black ink)

Application Date		Application sent by:	email		Fax		Post	
Surname				Title				
First name	Calling name for name badge							
Course Manual delivery	Collect from DSTC Office		Courier to me, Costs Apply					
Business Address								
Postal Address								
Residential Address								
Telephone: Home				Telephone: Business				
Fax Number: Home				Fax Number: Business				
Cell Phone:				Email:				
Medical Registration No.				Nursing Registration No.				
I.D. or Passport No.				Nationality				
Special Diet Request								
Qualifications				University degree and Date				
Highest Surgical / Anaesthetic Examination				Date passed				
ATLS® successfully completed				Date				
Summary of experience over last three years								
Internship performed at								
Current appointment								
Reasons for DSTC™ or DATC™ Application								
Office Use only								
Date Received	Date acknowledged	Payment received			Course allocated			