



**Application form ( Sept 2010)**

**Name:** .....

**Address:** .....  
**(Contact)** .....  
.....

**Email:** .....  
**(Contact)** .....

**Tel:** .....  
**(Contact)** .....

**Training  
Scheme:** .....

**Year of Training** ..... **I intend to sit the exam in** **April/October**  
**(please circle)**

Please enclose with a cheque made payable to  
“Plymouth Hospitals NHS Trust” to the following address.

FAO Sarah Dunn  
Peninsula Radiology Academy  
Plymouth International Business Park  
Plymouth  
PL6 5WR