

# THE SOCIETY FOR CARDIOLOGICAL SCIENCE AND TECHNOLOGY

Application to enter the Examination listed below

Certificate in Electrocardiography

The Examination will be held on the **Saturday 4<sup>th</sup> September 2010**

The closing date is **30<sup>th</sup> June 2010**, applications received after this date will **NOT** be accepted.

## **IMPORTANT**

This application form is valid only for the date shown above and will **NOT** be accepted if it is altered to any other date.

(Please **print clearly** using **BLOCK CAPITALS** and fill in **ALL** sections of the form)

SURNAME ..... ( Mr / Mrs / Miss / Ms ) JOB TITLE .....

FIRST NAMES .....

MAIDEN NAME .....Date Of Birth.....

ADDRESS (To which **ALL** correspondence will be sent, preferably not your hospital)

.....

.....

.....

..... POST CODE .....

Telephone Number ..... SCST Membership number .....

HOSPITAL .....

Department .....Hospital Telephone Number .....

Email Address.....

Please tick as appropriate:-

Syllabus required  Receipt required  Is this your First attempt  or are you applying to Resit   
**£10 Charge** **£75 Charge** **£40 Charge**

**\*Please note you need to have renewed your membership for 2010 to be able to sit this examination.**

EXAMINATION CENTRE BIRMINGHAM

Please send the completed form to:

**SCST,  
Executive Business Support (EBS),  
City Wharf,  
Davidson Road,  
Lichfield, Staffordshire  
WS14 9DZ**

[ Official use only below this line ]

Bank \_\_\_\_\_ Cheque number \_\_\_\_\_ Amount \_\_\_\_\_

Postal Orders \_\_\_\_\_ Amount \_\_\_\_\_