



**IPPA COURSE
WAITING LIST FORM**

Name

Surname

Country

Address

.....

.....

.....

E-mail address.....

Position

Please indicate if your paediatric/perinatal practice is Full time/ Part time (delete as appropriate)

Your practice involves:

Paediatric/ perinatal/ adult (delete as appropriate)

**Please indicate if you had formal training in paediatric and perinatal pathology:
YES/NO (delete as appropriate)**

**If yes, how many years of experience do you have since you finished your
paediatric and perinatal training?:**

Date of completion this form:

Please e mail to

Marta.Cohen@sch.nhs.uk

Your name will be added to the waiting list.