

**ADDITIONAL INFORMATION FORM**  
**Medical Emergencies for the Dental Team**  
**Simulation Suite, Level 6, Leeds Dental Institute, Worsley Building**  
**09:15am – 16:30pm**

User ID of person who made the booking: \_\_\_\_\_

Date of course booked: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Group Applications only** (maximum of 6 delegates per Application)

This course is open to all members of the dental team. There is a focus on a team approach and all members of the dental team are welcome including those who are not GDC registered (e.g. reception staff or practice manager).

Ideally each training session should include team members who work with each other on a regular basis.

**Please note – the first name on the list below should be the person under whose name the course was booked, we will allocate the course to the other team members on receipt of the form.**

**Please ensure that all the team members below have created accounts on the course booking database.**

User ID	Forename	Surname
1		
2		
3		
4		
5		
6		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_