

Application Form

# OTOLARYNGOLOGY (ENT)

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## FOR GENERAL PRACTITIONERS/ GP TRAINEES

## NURSE PRACTITIONERS

Venue: Newcastle Surgical Training Centre  
Newcastle upon Tyne NHS Foundation Trust

Date: 29 March 2019

**Newcastle Surgical Training Centre** delivers over 170 advanced training courses from regional, national and international surgeons representing multi specialties. Collaboration with national and international faculty drive a greater understanding of surgical techniques delivering improved patient care

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## COURSE OVERVIEW

This one-day practical skills training course is aimed at general practitioners, GP Trainees and Nurse Practitioners with an interest in ENT.

The course aims to reinforce the basic concepts and techniques in ENT, train candidates efficient ENT examination and to inform GP's of regional treatment and protocols for common ENT conditions

The practical aspect of the course will refresh clinical skills in assessment and examination.

- An intensive course
- Number of attendees limited to 12
- Refreshments and lunch included
- Course certificate on completion
  - CPD pending
- Interactive practical sessions

### FACULTY

Mr Gerry Siou, Consultant ENT Surgeon  
Additional faculty to be confirmed

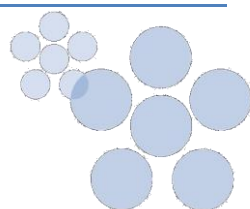
## COURSE INCLUDES

- Management of common ear conditions
  - Glue ear, middle ear infections and Otitis External
  - ENT emergencies – learn when to refer for a range of problems including airway problem, facial nerve palsy and tonsillitis
  - Epistaxis
  - Hoarseness and lump in neck
  - 2 week wait policy
  - Dizziness
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- Paediatric Update (tonsillitis, Congenital head and neck lumps, sleep apnoea)
  - ENT instruments

**Audience: GP, GP Trainee, GP Trainer, GP Educator, Practice Nurse**

Full details and registration information at  
Website: [www.nstcsurg.org](http://www.nstcsurg.org)

Or contact  
Louise Sore  
Newcastle Surgical Training Centre  
Freeman Hospital, Newcastle upon Tyne  
Tel: (44) 191 213 8589  
Email: [louise.sore@nuth.nhs.uk](mailto:louise.sore@nuth.nhs.uk)



# OTOLARYNGOLOGY FOR GENERAL PRACTITIONERS – 29 March 2019

08:30 -08.45	<b>Registration and Refreshments</b>		
08.45-08.55	<b>Welcome and Introduction</b>	<b>Lecture Theatre</b>	<b>Mr Gerry Siou</b>
08.55-09.20	<b>Epistaxis</b>	Lecture Theatre	
09:20-0940	<b>GP Perspective : common ENT difficulties</b>	<b>Lecture Theatre</b>	
0940-10.20	<b>Management of Allergic Rhinitis/acute and chronic Sinusitis</b>	Lecture Theatre	
10:20-10.40	<b>Refreshments</b>	<b>NSTC COFFEE AREA</b>	
10:40 -11.10	<b>Management of common ear conditions:</b> <ul style="list-style-type: none"> <li>• Otitis External/ Otolgia/Middle Ear</li> <li>• infections/glue ear</li> </ul>	Lecture Theatre	
11:10 -11.40	<b>ENT Emergencies: When to refer:</b> <ul style="list-style-type: none"> <li>• Sudden Sensorineural hearing loss</li> <li>• Airway problem, Facial Nerve Palsy</li> <li>• Tonsillitis</li> </ul>	Lecture Theatre	
11.40-12.15	<b>Paediatrics</b> <ul style="list-style-type: none"> <li>• Obstructive Sleep Apnoea</li> <li>• Congenital Neck lumps, Tonsillitis</li> </ul>	Lecture Theatre	
12.15 -12.45	<b>Lunch</b>	<b>NSTC COFFEE AREA</b>	
12:45 -13.15	<b>Hoarseness and Lump in neck</b> <b>2 Week Wait Policy</b>	Lecture Theatre	
13:15-14.15	<b>Practical Session 1:</b> <ul style="list-style-type: none"> <li>• Otoscopy &amp; tuning fork testing</li> <li>• Anterior rhinoscopy</li> <li>• Oral cavity/oropharynx</li> </ul>	Theatre One	
14.15-14.45	<b>Dizziness</b>	Lecture Theatre	
14.45 -15.00	<b>Refreshments</b>	<b>NSTC COFFEE AREA</b>	
15:00-16.00	<b>Practical Session 2:</b> <ul style="list-style-type: none"> <li>• Neck/ Facial nerve</li> <li>• Dix Hall Pike/ Epley, Epistaxis 1</li> </ul>	Theatre Two	
16:00-16.15	<b>Summary , Evaluation &amp; CLOSE</b>	Lecture Theatre	<b>Lecture Theatre</b>

# Course Application

Course title:

Date: 29 March 2019

Registration Fee: £175.00

**Otolaryngology (ENT) for General Practitioners**

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Your details

Surname:

Title: (Mr / Mrs / Miss / Ms )

Forenames:

Job Title:

Department:

Hospital Address:

Postcode:

Mobile Telephone:

Email:

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Further details

How did you hear about this course?   Trust Website   Mailing   Other

Please state any special dietary requirements:

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Please state to whom invoices should be addressed, if no alternative contact is given, all invoices will be directed to the applicant

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Declaration

Signed:

Date:

**Please note:** The course fee will include: lunch and refreshments. Payment can be made via BACS (automatic bank transfer) by Credit Card, or by cheque payable to **Newcastle upon Tyne Hospitals NHS Trust**.

Full details and registration information at [www.nstcsurg.org](http://www.nstcsurg.org) Please note payment is due at registration to secure your place. Attendance on the course is conditional upon advance payment being received. Refunds cannot be given in the event of your cancellation within two weeks of the course date. The NSTC cannot accept liability for costs incurred in the event of a course having to be cancelled as a result of circumstances beyond its reasonable control.

## On line Credit Card Payment Authorization Form

Sign and complete this form to authorize **Newcastle Surgical Training Centre** to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

Please state Name: I ..... authorize Newcastle Surgical Training Centre to charge my credit card

ENT Surgical Skills 29 March 2019 - £175

**Address including Postcode:**

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**Email:**

**Phone:**

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <b><u>WE DO NOT ACCEPT DINERS CLUB OR AMEX</u></b>	
<b>Cardholder Name</b>	
<b>CARD Number</b>	_____
<b>Expiration Date</b>	_____
<b>Valid from date</b>	_____
<b>Security number(3 digit number on back of Visa/MasterCard</b>	_____

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



## BACS DETAILS

Newcastle Upon Tyne Hospitals NHS Trust  
Bank Details for Transfer of Money.

<b>Bank Name</b>	<b>HSBC Bank</b>
<b>Bank Address:</b>	<b>110 Grey Street Newcastle upon Tyne NE1 6JG</b>
<b>Sort Code:</b>	<b>40-34-18</b>
<b>Account No.:</b>	<b>41763709</b>
<b>Account Name:</b>	<b>NUTH No.1 account</b>
<b>IBAN No.:</b>	<b>GB26HBUK40341841763709</b>
<b>BIC code</b>	<b>(BIC11):HBUKGB4108J</b>
<b>VAT No:</b>	<b>654 9687 77</b>
<b>Reference:</b>	<b>SURGTRAINING</b>