**Application form for certificate course on Clinical Neurophysiology (level-1). Session 2023-24**

Name of the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_ Sex: Male / Female

Postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: Mobile number:

 **Are you attached with any institution?**  If yes, name of the institute; address, phone number:

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**Your Hobby(s):**

**How have you learnt about the clinical neurophysiology?**  (put tick√ mark)

Answer: Through Friends / Colleagues/ Departmental head / other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Why are you interested in this course?** Please put marks (may be more than one)

1. To be able to record and understand clinical neurophysiological tests, technologist
2. To be a professional Cl Neurophysiologist in my career.
3. As part of my main neurology course
4. To be able to understand the normal function and identify dysfunction/ understand the formal report, that would help in my regular clinical practice
5. Other:

Your benefit from this course:

1. You will be the life member of BCNEPS
2. This will add academic value in your post graduate or higher studies in the field of neurology development and disabilities.
3. The certified technologists will get job assurance and will be enrolled to the next advanced level of Cl Neurophysiological tests and techniques (Level 2)

Sign of the applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_/ \_\_\_\_\_\_