**Registration Form:**

**Peri-Operative Shared Decision Making Train the Trainers Course**

**6th March 2020**

**Name:** …

**Job title:** …

**Speciality:** …

**E-mail address:** …

**Are you currently working at GSTT?** Yes / No

**Why do you want to attend the workshop? (tick all that apply)**

[ ]  I just want to learn more about peri-operative Shared Decision Making

[ ]  I am involved in peri-operative decision making as part of my job.

[ ]  I’m working on or planning to work on a project incorporating Shared Decision Making into peri-operative pathway.

[ ]  I’m interested to become a faculty member on future peri-operative Shared Decision Making workshops.

**Comments:**

**Please return completed form to** schoolofimprovement@gstt.nhs.ukby **6th February 2020.**

Submitting the form does not guarantee place on the course. We will confirm your registration by email. Everyone who does not get a place on this course will be put on the waiting list for the future workshops.