

Central Mersey Diabetic Retinal Screening Programme

Registered Staff Application Form

Applicant

Title	
First Name	
Surname	
Screening Venue	
Job Title	
Profession	
Starting Date	

City & Guilds Modules

	301	302	303	304	305	306	307	308	309
Required									
Applied for									
Completed									

I wish to apply for registration to the Central Mersey Diabetic Retinopathy Screening Programme. I agree to abide by all policies and protocols set by the Programme Management Board.

Signed:	
Date:	

Screening Venue Lead

Signed:	
Date:	

Please complete all relevant sections and return the form to:
Bob Wilkes, Clinical Lead Screening Office: Mill Brow, Widnes WA8 6RT