



iatsic

International Association for Trauma Surgery and Intensive Care

an Integrated Society of the International Society of Surgery ISS/SIC



Definitive Surgical Trauma Care-DSTC™ Application – please tick the preferred date:

September 18-19, 2023

September 25-26, 2023

| | | | | | | | |
|--|--------------------------|-----------------------------------|--------------|-------------------------|-----|--|------|
| Application Date | | Application sent by: | email | | Fax | | Post |
| Surname | | | Title | | | | |
| First name | | Date of Birth: | | | | | |
| Business Address | | | | | | | |
| Residential Address | | | | | | | |
| Telephone: Home | | Telephone: Business | | | | | |
| Fax Number: Home | | Fax Number: Business | | | | | |
| Cell Phone | | Email | | | | | |
| Medical Registration No. | | Nursing Registration No. | | | | | |
| I.D. or Passport No. | | Nationality | | | | | |
| Special Diet Request | | | | | | | |
| Qualifications | | University degree and Date | | | | | |
| Highest Surgical Examination | | Date passed | | | | | |
| | | Date | | | | | |
| Summary of experience over last three years | | | | | | | |
| Internship performed at | | | | | | | |
| Current appointment | | | | | | | |
| Reasons for Application | | | | | | | |
| | | | | | | | |
| IATSIC member: O Yes O No | | | | | | | |
| ESTES member: O Yes O No | | | | | | | |
| | | | | | | | |
| Office Use only | | | | | | | |
| Date Received | Date acknowledged | Payment received | | Course allocated | | | |
| | | | | | | | |
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