

APPLICATION TO VISIT A BPAS UNIT

Applicant Information

Last name:

First name:

Contact address:

Email address:

Phone number:

Please explain why you wish to visit a bpas unit and what you would like to observe (continue on a separate sheet if necessary):

Location Preference

Please go to <https://www.bpas.org/contact-us/find-a-clinic/> to learn more about BPAS's clinical sites.

Preferred BPAS unit:

Dates you can attend:

Signature

Applicants Signature

Date

Please ask your manager / tutor to sign below to confirm they support your visit:

Name of Manager / Tutor.....

Signature.....

Job title of Manager.....

Date.....

Please send your completed application form to marie.fallowfield@bpas.org