

Request to visit UK on a Neurosurgical Observership

Your Hospital / Institution
Name
Address
Your Details
Name
Position / Job title / Year of Training
Email address
Phone number (please include international dial code)
What / When / How
Proposed date(s)
Is there a unit you would particularly like to visit or don't you mind?
Subspecialty?
Any additional requirements / comments

Please send completed form to admin@sbns.org.uk