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| London DivisionRoyal College of Psychiatrists21 Prescot StreetLondonE1 8BB |  |

**StartΨell
Supporting consultants in their first 5 years, SAS Doctors and**

**Specialist Trainees approaching CCT**

**Wednesday, 30 March 2020**

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| **College Membership Number or Date of Birth:** | **Title:** |
| **First Name:** | **Surname:** |
| **Place of Work:** |  |
| **Specialty:** |  |
| **Mailing Address:** |  |
|  | **County:** | **Postcode:** |
| **Tel (daytime):** | **Email:** |
| **Vegetarian:**  | **Special Requirements (e.g. mobility needs etc)** **Please contact the Division Office** |
| **Registration Fees:****Standard Delegate Fee - £100**  |
| **I ENCLOSE A CHEQUE FOR £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (made payable to ‘The Royal College of Psychiatrists’ quoting reference J1J0187300 and name of delegate if sent by Trust)’** |



### DATA PROTECTION STATEMENT

 The College’s Data Protection Statement can be viewed at [**http://www.rcpsych.ac.uk/dataprotection**](http://www.rcpsych.ac.uk/dataprotection)

Please complete and return your registration form with your payment by:

**Tuesday 21 March 2022 TO:**

**Jen Edwards, London & Eastern Division Manager**

**The Royal College of Psychiatrists, Professional Standards**

**3rd Floor, 21 Prescot Street, London E1 8BB**

**T: 0203 701 2597 E:** **jennifer.edwards@rcpsych.ac.uk**

**CANCELLATION POLICY**

**(Notice must be given in writing by post or e-mail** **jennifer.edwards@rcpsych.ac.uk**)

**80% refund if notice is received 1 month before the event**

**50% refund if notice is received 2 weeks before the event**

**Should you be unable to attend, a substitute delegate may attend in your place**

**PAYMENT METHOD**

**Places paid for by cheque can only be reserved when payment**

**is received with this form

For BACS Payments:**Account name: The Royal College of Psychiatrists

Bank name: Barclays Bank

Bank address: 1 Churchill Place, London E14 5HP

Account number: 40201340

Sort Code: 20-06-05

IBAN: GB31 BARC 2006 0540 2013 40

Swift Code: BARCGB22

Please quote reference: ‘**J1J0187300**’ when making the payment.

**THE COLLEGE IS UNABLE TO INVOICE FOR REGISTRATION FEES**

***If an authority is to pay, the delegate should either pay and then claim reimbursement from the authority or enclose payment from their authority.***