

**REGISTRATION and CONSENT FORM**

Name:.....

Place of practice(work) .....

Position and Grade: .....

Phone number:.....

Email:

COUNTRY of ORIGIN...../ VISA requirements  YES  NO

I am registering for: (please mark the right one)

HANDS-ON  OBSERVER  SCRUB NURSE  RADIOGRAPHER

1. I understand that my participation in this conference is voluntary and that I am free to withdraw at any time without giving any reason. If I decide to withdraw my participation I will expect a written confirmation of my personal data being destroyed within 30 days.
  
2. I understand that relevant personal information and data collected for the registration purposes, may be looked at by individuals from **Brain and Spine Belfast team**. I give permission for these individuals to have access to my records.
  
3. I consent to my personal details being used for the purpose of the conference. I agree to contact being made with myself via the avenues I have provided.
  
4. I understand that the **Brain and Spine Belfast team** will destroy the data within a month of the successful completion of the organised event.

**Brain and Spine Belfast team** will contact you in an unlikely event of a breach of Data Protection in accordance to GDPR

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature