**Focused Acute Medicine Ultrasound (FAMUS)**

NEW CANDIDATE REGISTRATION FORM

PLEASE COMPLETE IN CAPITAL LETTERS if handwritten

**Personal Details**

Full Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

 Postcode: Click or tap here to enter text.

Mobile No.: Click or tap here to enter text. Email: Click or tap here to enter text.

Current Trust: Click or tap here to enter text. Supervisor Name: Click or tap here to enter text.

Current Grade: Click or tap here to enter text. SAM No: Click or tap here to enter text.

**\*\*It is recommended that you locate a supervisor who is able to support your training prior to registration – please** [**click here**](https://www.acutemedicine.org.uk/famus/supervisors-and-mentors/) **to see approved supervisor list\*\***

Modules to register for: [ ]  Thoracic [ ]  Abdominal / renal [ ]  DVT / peripheral vascular

 [ ]  Neph-access [ ]  Neph-transplant

**Registration costs *per module*: £40 for SAM members, £80 for non-members.** Payments can be made via cheque (please make cheques payable to ‘Society for Acute Medicine’). You can also make payment via PayPal (please note you do not need to have a PayPal account in order to do this). Please make sure your email address is PRINTED CLEARLY above in order for us to send you the PayPal invoice.

[ ]  Cheque (amount\_\_\_\_\_\_\_\_) [ ]  Please invoice via PayPal (ensure email address included)

[ ]  Please contact me with BACS details

Please confirm that you have downloaded and understood the requirements of the FAMUS curriculum pack(s) (available from [www.acutemedicine.org.uk/famus/](http://www.acutemedicine.org.uk/famus/)) and note the registration fee is non-refundable. Once processed you will receive confirmation of your registration and be entered into the FAMUS database where your personal details will be held by the Society of Acute Medicine for the purposes of administering the accreditation.

[ ]  I understand the above and have read and understood the FAMUS curriculum pack relevant to the module(s) for which I am registering

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text.

Please send completed application forms to: FAMUS administrator, The Society for Acute Medicine Secretariat, Hazeltonhead Farm, Mearnskirk, Glasgow, G77 6RS famus@acutemedicine.org.uk

**Data Protection**

**Your registration details will be stored on a database by Eventage Ltd on behalf of the Society for Acute Medicine (SAM) in compliance with the General Data Protection Regulation (GDPR) and accessed only by administrative staff working on behalf of SAM for the purposes of administering your accreditation. SAM may, from time to time, send you communications relating to your accreditation.