



CUSIC course approval form

Course information

Course details:

Title _____ *Date* _____ *Number of days* _____

Location _____ *Fee* _____ *Expected no. of delegates* _____

Organiser details:

Name _____ *E-mail address* _____

Qualification _____

Royal College
approval:

Date _____ *No. of points* _____

Other endorsement:

Programme details:

Workstations:

Feedback:

Clinical cases:

Other comments:

Agree to provide details of CUSIC training process and provide pathway?

- Yes No

Administrative support provided?

- Yes No

Previously approved by ICS?

- Yes No

- Any changes, please specify:

Please send this form to CUSIC@ics.ac.uk