



## Application Form

Please complete all sections of this application form in BLOCK CAPITALS. Incomplete applications CANNOT be processed. When complete, scan and email, or fax this form to the address overleaf.

**Date of course:**

**Title** Mr/Miss/Mrs/Dr/Professor

**Last name**

**Other name(s)**

**Date of birth**

**Gender:** F M

**Physician** Nurse/Surgical assistant

**Home address** (*including postcode*)

**Home telephone**

**Mobile**

**Email**

**Academic and Professional Qualifications**

**Specialty**

**Name of Hospital/Clinic**

**Work telephone**

**Fax**

**Please indicate any special dietary requirements**

**Reasons for enrolling on the course**



## Terms and Conditions

Liposuctioncourse.com teaches a course that provides hands-on exposure to Office liposuction utilizing exclusively tumescent local anaesthesia. Physicians are given instruction aimed at providing the safest and most aesthetically pleasing liposuction results. Nurses and Surgical assistants are trained in aspects of clinical care of the patient before, during and after liposuction surgery.

Physicians, nurses, and surgical assistants must agree to respect the confidentiality of the following items:

- Patient identity or information
- Clinical protocols
- Financial information
- Employee data including benefits and compensations data
- Policies and procedures
- Forms
- Internal business processes and procedures

Under no circumstances shall a course participant disclose information received, including specific patient information, business practices, marketing strategies, patient list, clinical protocols (except to describe procedures for patient education purposes), information systems, or policies and procedures. Under no circumstances shall a course participant use patient photographs, or use the name of any of the course faculty in advertising or use audio, photo or video devices to record clinical procedures or discussions in association with the course.

Completion of the course does not constitute an endorsement nor certification by the course faculty that the participant has attained the requisite competency to perform any of the procedures associated with Office liposuction. Participants will be given individualized hands-on instruction in developing the essential knowledge and clinical skills for performing tumescent liposuction, however the faculty of Liposuctioncourse.com does not guarantee that the participant will successfully acquire the requisite knowledge or clinical skills.

It is the physician's responsibility to check with the Board of Medicine in his or her own state, province, or country for regulations and guidelines related to performing tumescent liposuction. Physicians are also responsible for contacting their malpractice insurance carriers in order to obtain malpractice coverage for liposuction.

It is the nurse's responsibility to check with the Board of Nursing in his or her own state, province, or country for regulations and guidelines related to performing infiltration of tumescent local anesthesia. Assessment of nurse's qualifications, clinical skill and competency rests solely with the nurse and the physician employing the nurse.

Upon successfully completing the course, each participant will be given a certificate of attendance, which can be displayed in the physician's office or clinic. Attendees may publish informational brochures for patients, which refer to members of the course faculty and/or the course offered by liposuction.com.

*Under no circumstances should the name of any of the course faculty be used in public advertisements.*

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Signature of Attendee

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Printed Name of Attendee

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Date

## Equal Opportunities Monitoring

**DATA PROTECTION:** The information you provide will be held on a database and will be stored in accordance with the Data Protection Act 1998.

### Equal Opportunities Monitoring

In line with UK legislation and good practice guidelines, we are asking everyone to complete this section. You are not obliged to provide any of the information in this section, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

**Gender:**    Female    Male

**Nationality:**

**First language:**

**Do you have a disability** under the terms of the Disability Discrimination Act 1995 (a person with a physical or mental impairment that affects your ability to carry out normal day-to-day activities that are substantial, adverse and long term)?

Yes    No

**What is your sexual orientation?**

Heterosexual Homosexual Bisexual Transgender

**What is your religious belief?**

Buddhist Christian Hindu Jewish Muslim Sikh Other religion/belief

*Indicate a more specific category here:*

**Ethnicity**

*Choose one selection from the list below to indicate your cultural background.*

a) White British

Irish Any other white background

b) Mixed White and black Caribbean White and black African White and Asian Any other mixed background

c) Asian or Asian British Indian

Pakistani Bangladeshi Any other Asian background

d) Black or black British Caribbean

African Any other black background

e) Chinese or other ethnic group Chinese

Any other background

*This information will be recorded electronically with your other data in accordance with the Data Protection Act 1998 but used only for monitoring our business practices.*



LONDON LIPO  
INSTITUTE

## Our Contact Details

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