

CSTEM refund scheme ATLS, APLS & ACLS

This fund facilitates the remaining cost of ATLS/APLS/ACLS following reimbursement from the Clinical Course & Exam fund (€450.00 per Course)

Applicant Details			
Surname		First Name	
IMC NO.		CSTEM Year 1,2, or 3	
Address			
Mobile Number		Email	

RECIEPTS and CERTIFICATES must be submitted with this form. No forms will be processed without these submissions.

EVENT / COURSE <i>Only ATLS / APLS / ACLS courses attended from July 2016 will be processed</i>		Certificate of Attendance Attached
Event/Course Name: ATLS APLS ACLS	YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/>	YES NO
Location / Organiser:		
Event/Course Date:		Receipt Attached
ATLS (<i>minus €450 via the Clinical Course and Exam Fund</i>)	€425.00	YES <input type="checkbox"/>
APLS (<i>minus €450 via the Clinical Course and Exam Fund</i>)	€300.00	YES <input type="checkbox"/>
ACLS (<i>minus €450 via the Clinical Course and Exam Fund</i>)	€ 70.00	YES <input type="checkbox"/>
TOTAL	€	Finance Code AD47/3701/C7323
I declare that: <ul style="list-style-type: none"> all particulars stated on this form are complete, true and correct. If I make a false claim, I will be required to repay all monies in full and the fund be withdrawn I have paid all expenses claimed in respect of expenses claimed on this form, all refunds received to date from any source are shown to the best of my knowledge no part of these expenses will be voluntarily reimbursed to me 		
Account holder name: _____ Bank name & branch address: _____ IBAN number: _____ Swift code: _____ Home Address: _____ _____		
Signature of Trainee:		
Date:		

Information:

The ALTS/APLS/ACLS Fund is available to:

CSTEM trainees only, who are actively participating on the National Emergency Medicine Training Programme (NEMPT). **We recommend that you request one course claim per year (over year 1-3 CSTEM).*

Applicants can apply for funding in respect of financial liabilities incurred for completing the above courses commencing July 2016. **Applications received in relation to expenses incurred prior to July 2016 will not be considered.**

Audit

A percentage of claims submitted for this fund will be audited annually.

Return the completed form to the Royal College of Surgeons in Ireland (RCSI)

Emergency Medicine Training Programme
Dept of Surgical Affairs,
RCSI House, 121 St Stephen's Green,
Dublin 2.

Contact Name: Lisette Biggins **Email:** lbiggins@rcsi.ie

CSTEM ATLS, APLS, ACLS
Reimbursement Form