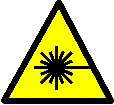
**Lasers and Intense Light Sources Safety Course for Medical and Surgical Applications**



**Approved by the British Medical Laser Association**

**Southampton General Hospital**

A course aimed at clinicians, nurses, ODPs, medical physicists, technicians and others working with medical, surgical or ophthalmic lasers.

Covering all aspects of the ‘Core of Knowledge’ defined in the MHRA Guidance on the safe use of lasers, intense light source systems and LEDs in medical, surgical, dental and aesthetic practices.

* Characteristics of laser radiation
* Laser hazards and interactions with tissue
* Safety procedures and hazard control methods
* Legislation and safety standards
* Risk assessment and quality assurance

**Cost:** £175 for NHS and charities

£210 for other providers

**For further information contact:** Ms Clare Joy

Principal Clinical Scientist in Radiation Protection

Department of Medical Physics

Southampton General Hospital

Tel: 023 8120 4947

Fax: 023 8120 4117

Email: [radprot@uhs.nhs.uk](mailto:radprot@uhs.nhs.uk)

**Booking form overleaf**

## Lasers and Intense Light Sources Safety Course Booking Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your details:** | | | | | | | | |
| **Name:** | |  | | | | **Tel No:** | |  |
| **Address for correspondence:** | |  | | | | | | |
| **Postcode:** | |  | | | | **Email:** | |  |
| **What lasers do you work with?** | | | | | |  | | |
| **What applications do you use these lasers for?** | | | | | |  | | |
| **Please list your dietary requirements:** | | | | | |  | | |
|  | | | | | | | | |
| **Payment:** | | | | | | | | |
|  | **£175** (NHS Trust or charity) | | |  | **£210** (incl VAT ie not NHS Trust or charity) | | | |
| **I wish to pay by:** (please tick one box only) | | | | | | | | |
|  | **Cheque** | | | | | | | |
| **Payable to:** | | University Hospital Southampton NHS Foundation Trust | | | | | |
|  | **Credit Card Payments** (please complete all details) | | | | | | | |
| **Card type:** | |  | | | | **Expiry Date:** |  |
| **Card Number:** | |  | | | | | |
| **Last 3 digits of security code:** | |  | | | | **Start Date:** |  |
| **Cardholder Name:** | |  | | | | | |
| **Cardholder Address:** | |  | | | | | |
|  | **Invoice** (please complete all details) | | | | | | | |
| **Purchase Order No:** | |  | | | | | |
| **Name:** | |  | | | | | |
| **Telephone No:** | |  | | | | | |
| **Email:** | |  | | | | | |
| **Invoice Address:** | |  | | | | | |
|  |  | |  | | | | | |
| **Completed forms must be returned a week before course date:** | | | | | | | | |
| **Email:** | [RadProt@uhs.nhs.uk](mailto:RadProt@uhs.nhs.uk) OR | | | | | | | |
| **Post:** | Ms Clare Joy  Dept of Medical Physics  Southampton General Hospital, MP 29  Tremona Road  Southampton, SO16 6YD | | | | | | | |

*Cancellation Policy: No refunds within 10 working days of course but alternative delegates can be substituted at any time*