

## RN/GC/RD Application Form:

Name: \_\_\_\_\_

Role:  Genetic Counsellor     Nurse     Dietitian     Other \_\_\_\_\_

Your primary center/hospital: \_\_\_\_\_

### Job Description:

- Primarily within a metabolic clinic/team
- Combined clinical genetic and metabolics
- Primarily clinical genetics with some metabolics
- Newborn Screening/Biochemical Lab
- Other: \_\_\_\_\_

Have you previously attended a Garrod Association Meeting?

Yes                       No

Are continuing medical education credits part of your position's requirements?

Yes                       No

Why would you like to attend this year's meeting? (check as many as apply)

- I look after patients who require transplants for their metabolic condition
- I am interested in networking and meeting colleagues
- I want to learn more about metabolic disorders
- I need continuing medical education credits
- Other \_\_\_\_\_

Are you considering presenting a poster or oral presentation?

Yes                       No

Would you prefer funding for: (check as many as apply)

Travel                       Accommodation                       Registration

If only partial funding can be provided, what would be your preference? (select only 1-2 options)

Travel                       Accommodation                       Registration

If funding was not available, would you still attend this meeting?

For information only, decision about funding will not be based on your answer. Separate registration will still be required.

Yes                       No

Please **email** this form to Shailly Jain, [shailly.jain@albertahealthservices.ca](mailto:shailly.jain@albertahealthservices.ca). You will be informed by mid Feb/2018.