



21 Portland Place
London
W1B 1PY

Telephone: +44 207 631 8887

Fax: +44 207 631 4352

Email@ APAGBIadministration@aagbi.org

Dear Linkman Applicant, please complete;

LINKMAN REGISTRATION FORM 2016

1. **Your Name:**
2. **Your email address:**
3. **Your contact details including Department and Hospital:**
4. **Category of Institution.** (Specialist Children's Hospital, University Hospital, Single Specialty Unit, DGH, Other) **Please specify:**
5. **Are you the current Clinical Lead for Paediatric Anaesthesia?**
6. **Are you a member of the APAGBI?:** (Yes or No)
7. **Are you taking over from a previous linkman?** (Yes or No)
8. **If yes, please tell us the name of the previous linkman and their email contact for your hospital (if known):**
9. **Are you part of a Regional Network for Paediatric Anaesthesia?**
10. **If yes, which one?**
11. **If yes, name of lead and contact email**

You will be very welcome to become an APAGBI Linkman

Please return by email to: Apagbiadministration@aagbi.org to be added to the mailing list

Website: www.apagbi.org.uk

Karen Bartholomew
APAGBI Linkman Scheme Coordinator