



**Hamilton Fraser Insurance**  
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[www.hamiltonfraser.co.uk](http://www.hamiltonfraser.co.uk)

# Application Form

## RECOGNISED TRAINING COURSE APPLICATION FORM

The application form is to be completed by the training course organiser.  
 Please provide as much detail as possible.

### ABOUT YOU

1	Name of Organisation	
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2	Name of training course	
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3	Correspondence address			
	Postcode		Country	
	Tel No		Fax No	
	Mobile No		Email	

4	Name of main contact			
	Tel No		Email	

### TRAINING DETAILS

5	Is all training carried out in the UK, Northern Ireland, Isle of Man and Channel Islands?	Yes		No	
	If No, please state where				

6	Please state the type of procedures that training is being provided for e.g. dermal fillers, botulinum toxin, laser etc.

7	Please provide details of any specific products used on the training course e.g. Vistabel or Dysport.	

8	Please state the name of all trainers along with their GMC/GDC/NMC membership number.	
	Trainer	GDC/GMC/NMC Number

9	Have any of the trainers or the training organisation received any complaints or malpractice claims over the last 3 years?	Yes		No	
	If yes please provide full details				

10	Please include a CV with past medical experience and training/tutoring experience for the trainers listed above. <i>We would require the trainers to have had at least 12 months experience in performing the treatments as a practitioner in their own right and be able to provide evidence of teaching and tutoring qualifications.</i>
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11	In order for an organisation to be accepted as a Hamilton Fraser Insurance Recognised Training Course, you and your trainers must be insured for Medical Malpractice Liability Insurance, including training cover for the procedures being taught.					
	Please provide the following details for your organisation and trainers: (Use additional sheets if necessary).					
	Insurer		Limit of Indemnity		Policy Excess (if applicable)	
	If you and your trainers have no insurance in place please state why?					
	Would you like us to provide you with a quote for training cover?		Yes		No	

## THE COURSE

12	Please specify the location(s) of your training course(s).

13	What are your training course acceptance criteria for delegates applying to attend your course?

14	How do you check this criteria e.g. whether they are a GDC, GMC, NMC member?

15	How many delegates do you accept on each training course?	
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16	How many delegates have you trained in the past 12 months?	
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17	How many delegates do you propose to train in the next 12 months?	
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18	Please provide details of how you assess delegates at the end of your training course, including details on any post course support provided e.g. mentoring/helpline etc.

19	How many delegates have failed your course over the past 3 years?	
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20	Do your delegates receive a certificate of competence? (Please include a copy of your training certificate).	Yes		No	
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21	What is your annual fee turnover in respect to the training course you run?	£	
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## HEALTH AND SAFETY (PLEASE TICK)

22	Do you have adequate facilities for dealing with an emergency e.g. Oxygen, water supply etc	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Does your course take place in a clinical environment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Do you have a current Health and Safety Policy in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Does your training course have adequate rest areas & facilities for your delegates? Toilets, washing, eating, seating area etc	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you completed a risk assessment for your training course?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are infection control procedures in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is there a procedure for disposal of clinical waste?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are policies in place for effective supply, storage, prescription, administration and disposal of medicines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Do models complete a consent form?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is appropriate resuscitation equipment available for use in an emergency and is it regularly checked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Do trainers have up-to-date training in basic life support including anaphylaxis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are written procedures in place for dealing with all emergencies, medical or not?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## CHECKLIST

24	When returning this form please provide us with the following: (We can not process your application without them)	<input type="checkbox"/> CV's of all trainers
		<input type="checkbox"/> A copy of your course syllabus and structure
		<input type="checkbox"/> A copy of your training certificate
		<input type="checkbox"/> A copy of your training insurance policy (if applicable)

### Terms and Conditions

- Hamilton Fraser Insurance can terminate your Recognised Training Course status if you breach any of the terms and conditions
- Hamilton Fraser Insurance can terminate your use of the Recognised Training Course logo if we believe that your use is likely to damage our reputation
- You can only use the Recognised Training Course logo in accordance with our specific guidelines
- You can only become a Recognised Training Course on successful completion of the application process
- You will only receive exclusive offers and promotions when they are available and are subject to change
- Special offers and promotions are not exchangeable and can not be transferred
- Hamilton Fraser Insurance reserves the right to terminate an advert or article if we believe that your use is likely to damage our reputation
- Hamilton Fraser Insurance reserves the right to refuse an advert or article
- You agree to update Hamilton Fraser Insurance if you change the structure of your training course and/or your trainers
- Your Recognised Training Course status will be cancelled if you fail to meet the above terms and conditions

## DECLARATION

I/We declare that I/we agree to the terms and conditions of the Recognised Training Course Scheme and hereby agree to accept this declaration shall be the basis of a contract between both parties if entered into.

Name/Company Name		Date	
Signature(s)			

Hamilton Fraser Insurance is a trading name of HFIS plc. HFIS plc are authorised and regulated by the Financial Services Authority. **Reg Office:** 42 Lytton Rd, Barnet, Hertfordshire, EN5 5BY **Reg in England:** 3252806

PROVIDING MEDICAL MALPRACTICE INSURANCE FOR COSMETIC PRACTITIONERS