TIZARD PRACTITIONER NETWORK
Registration form

Please complete the attached form and send by e-mail to tizard-tpn@kent.ac.uk or print, complete and post to Nicki Fowler, M123, Mansion Site, Avery Hill Campus, University of Greenwich, Bexley Road, ELTHAM. SE9 2PQ. Once we have received your registration form we will contact you with the username and login which will allow you access to the website, online directory and further information. Thank you.

Mr/Mrs/Miss/Ms Surname:
First name:
Home Address: **(if you do not wish your home address to be on database, please complete work address only)* Postcode: _____
Job Title*: (please state)*
Do you have any areas of special interest / skills?
Do you work for an NHS Trust or Independent Provider/Local Authority: *(please state)*
Name of Directorate/Department : *(if applicable):*
Work Address: Postcode:_____ Work Telephone Number:_____ Mobile Telephone Number:_____
e-mail address
Which Tizard Centre LD course did you do and in which year did you graduate? MA /MSc /Dip CB *(please delete)* Year :
Can we share your details with other members of the Tizard Practitioners Group so you can contact/share information with each other? Yes, you can share my details / No, you cannot share my details/with other members of the group: *(please delete)*