

## Prospective Writing Group Member Application Form

<b>Applicant Name:</b>	
<b>BSH Membership Number:</b> (if applicable)	
<b>Email Address:</b>	
<b>Telephone/Mobile:</b>	
<b>Professional Position/s:</b>	
<b>Place of Work:</b>	
<b>BSH Guidelines Task Force</b> (please tick the relative Task Force):	<input type="checkbox"/> General Haematology  <input type="checkbox"/> Haematology-Oncology  <input type="checkbox"/> Haemostasis & Thrombosis  <input type="checkbox"/> Blood Transfusion
<b>Area/s of Expertise:</b>	



<b>Relevant Experience:</b>	
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This serves to confirm that BSH can retain the details above, for a period of 3 years, for the purpose of facilitating an opportunity to participate in a BSH Guideline Writing Group. I am aware that I can have my details/application removed, at my request.

<b>Signature:</b> (a typed signature is sufficient for this purpose)	
<b>Date:</b>	