

## Application for the in-service training on cancer registration

### Personal Details

Name:

Designation:

Place of Work:

### Contact Details

Official address:

Contact No/Nos:    Official:

Personal:

E-mail address:

Describe your current involvement with cancer registration

Expectations in attending the course

**Need of accommodation** (If 2day training programme is organized in Colombo, mention the need of accomadation)

Accommodation will be available only for 2 days (Kindly tick the Box)

Day before the programme

First day of the programme

Second day of the programme

**Recommendations**

Recommendation of Chief Nursing Officer (Only for nursing officers):

(Signature)

Recommendation of Consultant Oncologist:

(Signature)

Recommendation of Director:

(Signature)

**More Information:**

**Director**

**National Cancer Control Programme,**

**555, Public Health Complex, Elvitigala Mawatha, Narahenpita, Colombo 05.**

**Tel-011-2368627 Fax – 011-2368627 E mail - nccpsl @ yahoo.com**

**\* Dates & venues will be informed later**