



# HSST Registration Form

The HSST aims to be the most invaluable part of BAHS, to become part of this team please complete the registration form below, and return to BAHS via post or e-mail. Any queries regarding registration, please contact us at [enquiries@ba-hs.org.uk](mailto:enquiries@ba-hs.org.uk). Participants will be notified by e-mail when registration is complete.

## **Personal Information**

*(Only Name, Profession and Location will be made available to the public)*

First/Middle Names

Surname

Title, i.e. Dr/Prof/etc

Qualifications i.e. MD/MS/Phd/MBBS/PsyD

Phone

E-Mail

Specialist Field i.e. Dermatology/Surgery/GP

Are you currently a registered practitioner in the UK?

Yes

No

If not, please explain below:

## **HS Treatment Background**

How many HS patients do you treat each month?

How many Years have you been treating HS?

Brief Description of the medical treatments/procedures that you offer to HS patients:

**Hospital/Practice Information**

Hospital/Practice Name

Department

Address 1

Department Phone

Address2

Department E-mail

City

Website Address

County

Post Code

**Support Offered**

I would like to offer medical advice/treatment to HS patients in the UK

I would like to offer medical advice to other medical professionals in the UK

I would like to speak at any future meetings set up by BAHS

I would be willing to assist BAHS with medical advice/opinions regarding their work

Any other support that you are willing to provide:

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

By signing this form, I confirm that all of the information submitted is true and accurate. Please note that BAHS reserves the right to refuse registration, and to check accuracy of data with your workplace.