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| **Clinical Doctoral Research Fellowship Scheme 2019****Details of Applicant** |
| Full Name: |  |
| Title: |  | Telephone No: |
| Contact Address: |  |
| Email Address:  |  |  |
| Current Post: |  | Current AfC Band: |  |
| Name of Manager: |  | Unit/ Care Group: |  |
| **Education** |
| Date of initial registration as health professional: |  |
| Title of undergraduate degree: |  |
| Degree classification: |  |
| Awarding institution: |  |
| Date awarded: |  |
| **Any post graduate qualification e.g. PgCert, PGDip, MSc?** |
| Name of award: |  |
| Awarding institution: |  |
| Date of awarded: |  |
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| **Authorisation** |
| **PLEASE ENSURE THAT YOU HAVE ATTACHED THE FOLLOWING DOCUMENTS TO YOUR EMAIL:**1. A short CV (MAX OF 2 PAGES)
2. APPLICATION FORM
3. EXPRESSION OF INTEREST STATEMENT, including description of topic of interest

Email to:Soar@uhs.nhs.uk |
| Signature of applicant: |  | Date: |  |
| Manager’s Name: |  | Post Held by Manager: |  |
| Manager’s Signature: |  | Telephone No: |  |
| Manager’s email Address: |  |