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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](mailto:SoAR@uhs.nhs.uk) | | | |
| Signature of applicant: |  | Date: |  |
| Manager’s Name: |  | Post Held by Manager: |  |
| Manager’s Signature: |  | Telephone No: |  |
| Manager’s email Address: |  | | |