

**APPLICATION FORM**

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| **1. Personal Details** |

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| Surname/Family Name:  |  | First Name(s):  |
| Address: Postcode: |  | Known as:  |
|  | Title:  |
|  | Home Tel No:  |
| **Current Training Scheme and Base Hospital:** |  | Mobile Tel No:  |
|  | Email Address:  |

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| **2. Education and Qualifications** |

Starting with the most recent – (please list those relevant to this post, including progress with MRCP examinations.)

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| Name of Institution | Qualification (including subject) | Grade and Date |
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| **3. Below please detail your reasons for applying for this post** |

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| **4. Examples of teaching experience to date** |

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| **5. Please outline your career aspirations** |

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| **6. Agreement from Educational Supervisor** |

**Please provide the details of your educational supervisor confirming that you are able to apply for this post. Should you be appointed to the role, your supervisor will be asked to provide a supporting statement and reference.**

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| Title:  |  | Job Title:  |
| Name:  |  | Name of Organisation:  |
| Telephone No:  |  | Address: |
| Email:  |  |   |
| Please indicate whether you have sought agreement from your supervisor **Yes / No** |  | Please indicate whether you have a minimum of 12 months left in training (from August 2022) **Yes / No** |

**Please indicate your current training year IMT1 🞎 IMT2 🞎 IMT3 🞎**

**Please direct queries about this post to Dr Andrew Walker:** **a.m.n.walker@leeds.ac.uk**