

West Midlands Masters to PhD Bridging Programme – Application Form

Please complete this form electronically (hand written forms will not be accepted)

1. PERSONAL DETAILS		
Family name:	First/given names:	
Previous surname/family name (if applicable):	Title (Dr, Mrs, Ms, Miss, etc):	
Date of Birth:	Gender:	Nationality:
Home address:	Correspondence address (if different from home):	
Post code:	Post code:	
Tel:	Tel:	
Mobile:	Mobile:	
Email address:	Email address:	

2. EMPLOYMENT			
EMPLOYMENT DETAILS			
Please give details of your current and any other relevant employment, in reverse chronological order (i.e. latest first).			
Employer	Title and duties of post	Dates From	Dates To

3. PROFESSIONAL AND ACADEMIC QUALIFICATIONS	
PROFESSION	
Profession:	Grade/band:
Do you hold a professional registration? (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please detail below	
Name of professional body:	
PIN/registration number:	Expiry date:

QUALIFICATIONS					
Please enter details of completed Masters or Degree qualifications					
Qualification	Subject	From	To	Place of study	Result

5. SUPPORTING INFORMATION

(word count: 500 words)

Including: any relevant skills and experience you would bring to the programme; how the programme would support your future career plan and future academic aspirations.

6. PROJECT INFORMATION

Please describe the research project that you would like to undertake as a PhD study. We appreciate that at this stage your idea will not be fully formed – use this space to tell us what you hope to achieve and why this will have an impact on patients/patient care. Please include academic references (500 words)

7. ACADEMIC AND/OR CLINICAL SUPERVISOR(S)

Do you have a preference for a particular academic and or clinical supervisor(s) to support you in this programme and perhaps in your PhD level studies?

Name:

Job title:

Organisation:

Contact details:

Have you discussed your project with this person/these people? Yes/No

8. DECLARATION

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted.

Signature of applicant:

Date:

Please indicate how you heard about the Programme

Line Manager

Colleague

Professional Network

Internet

Flyer

Other

Other (please specify):

8. SUPPORTING STATEMENT FROM EMPLOYER

To be completed by Line Manager

Applicant Name:

I can confirm my full support for the above applicant to:

1. Participate in the West Midlands Clinical Academic Internship Programme
2. Release them from their clinical duties for 30 days from November 2016 to July 2017
3. Undertake study in their research area of interest

Line Manager Signature:

Date:

Line Manager Name:

Position:

Address:

Post code:

Telephone number:

Email: