We kindly ask fellows to provide a full response to each of the following sections.

|  |
| --- |
| **Personal information**  |
| First name | Last name |
|  |  |
| Preferred name | Title |
|  |  |
| **Education and Professional Qualifications**Please include any qualifications or training related to Simulation |
| Subject/Qualification | Place of study | Grade/Result | Date obtained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Membership of Professional Bodies**Please indicate registering body and date of renewal |
|  |
| **Employment History** |
| **Current employer** |  |
| Employer address |  |
| Job title |  |
| Start date |  |
| [Brief description of any additional duties and responsibilities you hold above those expected in your role] |

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| **Referees** (Please provide 2 referees, one of them your current or most recent employer) |
| 1. **Referee’s Name**
 |  |
| Title |  | Relationship |  |
| Email address |  |
| Address |  |
| Period covered by this reference  |  |
| Can the referee be approached prior to interview  |  YES □ NO □  |
| 1. **Referee’s Name**
 |  |
| Title |  | Relationship |  |
| Email address |  |
| Address |  |
| Period covered by this reference  |  |
| Can the referee be approached prior to interview  |  YES □ NO □  |
| **SUPPORTING INFORMATION** |
| 1. Why are you applying for this fellowship at this point in your career and how will this opportunity support your future professional development?
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|  |
| 1. Please provide a brief description, and suggested title, of the fellowship project in simulation that you would like to develop.
 |
|  |
| 1. How do you anticipate this fellowship will support your Practice/PCN in developing learner placements?
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|  |
| **Declarations** |
| Do you currently work for a minimum of four clinical sessions per week as a Health Care Professional (HCP) within Kent, Surrey, or Sussex (KSS)? | Yes □ No □ |
| I am interested in developing simulation for healthcare across KSS. | Yes □ No □ |
| I want to develop my academic skills through postgraduate level studies. | Yes □ No □ |
| Do you have agreement from your employer to participate in this fellowship programme? | Yes □ No □ |
| Do you understand that you will need to complete a learning agreement with KSS Primary Care School covering the eventuality of your leaving the programme prematurely? | Yes □ No □ |
| Have you received similar fellowship support in the past from Health Education England or NHS England? | Yes □ No □ |
| I can confirm that the information in this form is true and complete. Please tick the box □  |
| Applicant’s Signature | Application Date |
|  |  |

Thank you for completing this application form. Please also complete the [**Equal Opportunities monitoring form**](https://forms.office.com/e/BHn4QPq9eY). The information provided in this form will be held by the KSS Primary Care School and not shared with the recruitment panel.

**Please return the completed application form by email no later than 09:00 on Tuesday 02 July 2024 to** **england.ksspc.pcschool@nhs.net****.**

Interviews for this Fellowship opportunity will be held on Tuesday 09 July (09:00-12:00) and Wednesday 10 July (11:30-14:30). Please ensure you can be available to interview on either date.

**Data Protection:** By completing the application form, you consent to KSS Primary Care School holding and processing, both electronically and manually, the data collected about you in the course of your engagement with our Fellowship Programme, for the purposes of the administration and management of our business and for compliance with applicable laws, procedures and regulations. All data shall be destroyed when no longer necessary to retain for purpose. Please see our website for further information.