**HEE-SW sponsored HLA MA ILM5 Certificate 2020**

Please complete this form in its entirety. Application is with this application form only. No other additional sheets will be considered.

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| **Section 1 – Personal details** |
|  |
| **Applicant surname:** |       |
| **Applicant forenames:** |       |
| **GMC/GDC Number** |       | **NTN / DRN Number:***(where applicable)* |       |
| **Email address:** |       |
| **Mobile number:** |       |
| **Postal address:***(including postcode)* |       |
|  |
| **Section 2 – Training details**  |
|  |
| **Current training programme** |       |
| **Current training grade** |       |
| **Current training year:** |       |
| **Current training post:** |       |
| **Current employer:** |       |
| **Anticipated CCT date:** |      /     /      |
| **Is this qualification included within your Personal Development Plan (PDP)?**  | Yes / No |

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| **Section 3 – Applicant submission** |
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| 1. **Please can you describe your current commitment to leadership development in Postgraduate Medical Education and your reason for applying for this sponsored certificate.**

(maximum 250 words) |
|       |
| 1. **Why do you believe you would be suitable for this HEE-SW sponsored HLA MA ILM5 Certificate?**

(Maximum 250 words) |
|       |
| 1. **How will you use this qualification to support the wider NHS?**

(Maximum 250 words) |
|       |

***Please return the completed application by 5pm on Friday 3rd July 2020 to:***

**Evette.May@hee.nhs.uk**with the subject heading; HLA Application.

For more information about this scholarship offer prior to application please contact

Dr Jane Thurlow, Associate Dean Education and Faculty Development

HEE-SW

jane.thurlow@hee.nhs.uk