**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** | | | | |
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| **Applicant surname:** |  | | | |
| **Applicant forenames:** |  | | | |
| **GMC/GDC Number** |  | | **NTN / DRN Number:**  *(where applicable)* |  |
| **Email address:** |  | | | |
| **Mobile number:** |  | | | |
| **Postal address:**  *(including postcode)* |  | | | |
|  | | | | |
| **Section 2 – Training details** | | | | |
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| **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) |
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| 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) |
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***Please return the completed application by 5pm on Friday 3rd July 2020 to:***

[**Evette.May@hee.nhs.uk**](mailto: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](mailto:jane.thurlow@hee.nhs.uk)