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# Population Health Fellowship

# Application Form

## Section A – Applicant Information

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| Full Name: |
| Work/Professional Email Address: |
| Telephone number: |
| Professional Registration Body [if applicable] |
| Professional Registration Number [if applicable]: |
| Date of Registration [if applicable] |
| Profession: |
| Current Role: |
| Current grade/band or year of training:  (*Please state your exact salary / banding or if in training, which year you are in*) |
| Do you hold the right to work in the UK? (Yes/No) |
| Current Employer: |
| Lead Employer (if applicable): |
| Please provide HR contact details for current employer (or lead employer): |

## Section B – Suitability

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| **Please explain your motivation for applying for the fellowship and describe your suitability**(max 300 words): |
| **If you were successful, please describe what you would aim to get out of the fellowship experience and how you would apply that experience, both personally and for the benefit of your organisation**(max 300 words) |
| **Please describe how you have contributed to addressing health inequalities in your professional role** (max 300 words): |

## Section C – Academic and Service Experience

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| **Other than your bachelor's degree and/or primary clinical qualification, please outline any further development (e.g. CPD, qualifications, diplomas, degrees, etc) you may have undertaken and how it will help you if your fellowship application is successful** (300 words)**.** |
| **Please list any academic accomplishments (e.g. research, education and training, publications, scholarships/bursaries, awards/prizes, etc).** |
| **Please outline any presentations (oral or poster) you have given to groups of individuals and explain the format and setting** (200)**.** |
| **Please outline any projects (e.g. clinical audits, quality improvement, research, policy etc) that you have played a substantial part in.  Describe your role, the impact on patient services and your personal learning from them** (max 300)**.** |

## Section D – References

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| **Referee 1** |
| Name:    Organisation: |
| E-mail address:    Telephone number (if available): |
| Job title: |
| **Referee 2** |
| Name:    Organisation: |
| E-mail address:    Telephone number (if available): |
| Job title: |

## Section E – Declaration

I declare that I have discussed this opportunity with my Employer/Lead-Employer and my Training Programme Director (if relevant), and they are supportive of me undertaking the fellowship if I was to be successful.

* I confirm that I have the right to work in UK
* I declare that all the information I have provided in this application is accurate and up to date
* I understand that if I leave sections incomplete that my application may not be considered
* I confirm that I agree for NHS England and the Host Organisation to handle my personal data as per the Data Protection Act 2018:

Signature:

Printed Name:

Date:

**Please e-mail your completed application form and CV to:**[orla.dunn@somerset.gov.uk](mailto:orla.dunn@somerset.gov.uk)