

Application to the International Fellowship Training Programme

The aim of the Fellowship Training Programme is to allow medical graduates to come to the UK to gain additional experience that will benefit their clinical practice on returning home.

For us to understand if and how you would benefit from such an experience, it is important that we understand what you seek to gain from spending time with us. The application process is a means by which we can establish whether you will be able to gain meaningfully from our Fellowship Programme and your time in the UK.

To apply for the Programme, you must be eligible for registration with the General Medical Council (GMC) and for a licence to practise in the UK.

UHB will sponsor and support your application for registration provided:

- I. You have been in clinical medical practice for three years out of the last five years (this may include your internship year if applicable)
- II. You have been in continuous clinical medical practice for the preceding 12 months and remain in clinical practice until a decision has been made on your application.
- III. You have obtained an acceptable score in either IELTS or OET (see section 2)

If you meet all the above eligibility conditions, please complete the form below and follow the instructions given.

Please read each question / instruction fully and carefully

Section 1. About you

First Name (as per passport)	
Middle Name (as per passport)	
Last Name (as per passport)	
Date of Birth	
Gender (M/F)	
Permanent Home Address (House number, Street name, Town, City, Country)	
Telephone Number	
Email Address	
Nationality	
Passport Number	
Expiry Date	
Do you have a driving licence? (Y/N)	
Please confirm if you have any serious health conditions?	

Who to contact in case of a problem

Name - Next of Kin	
Relationship	
Address (House number, Street name, Town, City, Country)	
Telephone Number	

About your family

Marital Status (Single/Married)	
Number of Children	
Ages of Children	
Will your spouse accompany you to the UK?	
If 'yes' what job do they do and will they be looking to work in the UK?	
Will your children accompany you to the UK?	

Section 2. About your qualifications

All qualifications disclosed will be subject to a satisfactory check, please include any prizes or academic distinctions.

Primary Medical Qualification

Institution	
Date of Graduation	

Postgraduate Medical Qualifications and Additional Qualifications (Intermediate Fellowship/Fellowship)

Speciality	
Date achieved	
Additional Qualifications (ALS/APLS etc.)	

Eligibility for GMC Registration

Have you ever attempted any part of the PLAB examination?	Yes / No
If yes, please provide details	
Have you been in clinical medical practice for three years out of the last five years? (this may include your internship year if applicable)	Yes / No
Have you been in continuous hands-on clinical practice for the last twelve months?	Yes / No
English Language - Have you achieved either. <ul style="list-style-type: none"> an overall score of 7.5 in the IELTS (academic version) test, with a minimum of 7.0 in each area of the test? OR <ul style="list-style-type: none"> a minimum score of B in all four domains of the Occupational English Test (OET) Medical Version? 	Yes / No
If yes, please confirm the date this was achieved and attach a copy of your certificate.	

Section 3. Registration / Licence Status

Please indicate your General Medical Council registration status

I am registered with a licence	
I am eligible for registration	
I am in the process of registering	
I will need UHB's assistance in acquiring GMC registration*	

*** Please note, if you require assistance from UHB in acquiring GMC registration then you will need to have been engaged in medical practice for three out of the last five years including the most recent 12 months. The 12-month rule starts at the point you submit an application for registration so please make sure you do not come out of medical practice before this point.**

Restrictions

If applicable, please provide details of any conditions/ restrictions you may have.

Are you currently, or have you been, the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country?	Yes/No
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If yes – please provide detail

Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country?	Yes/No
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If yes – please provide detail

Any other restrictions - please provide details

Section 4. Clinical Experience

Please describe your clinical experience and provide details of your employment and clinical posts during the last 5 years.

Please list your most recent employment / clinical post first and mention all periods of gaps or unemployment (if applicable).

<i>Start Date</i>	<i>End Date</i>	<i>Post Description (Job Title)</i>	<i>Name of Organisation</i>	<i>Was it Medical Practice (Y/N)</i>

Please list your technical skills (procedures) indicating how many you have done and the degree of supervision you require. Please consult your Logbook when completing this section.

<i>Procedure</i>	<i>Number undertaken</i>	<i>Supervision needed (Perform supervised/Clinically independent etc.)</i>

Section 5. Tell us about your reasons for wishing to join the Fellowship Programme

Please list the specialist areas in which you would like to gain experience in order of preference (highest first)

Specialist preference 1

Specialist preference 2

Specialist preference 3

How will undertaking the Fellowship Programme benefit you?

How will the Fellowship Programme benefit on your return home?

(Aim for 200 words or less)

Please tell us about any other reasons you would like to undertake the Fellowship Programme

Aim for 200 words or less

Section 6. References

Please provide the detail of 2 referees that can be contacted to provide a professional and factual reference

Referee 1	
Title	
Name	
Job Title	
Address	
Country	
Telephone	
Email	
Fax	
Relationship	
Referee 2	
Title	
Name	
Job Title	
Address	
Country	
Telephone	
Email	
Fax	
Relationship	