



Application for post of: **Foundation Academic Development Fellow**

Closing Date: **Monday Oct 28th, 2019 at 4.00pm**

Personal Details

Title:	
Forename(s):	
Surname:	
Address	
Postcode	
Home Telephone Number:	
Mobile Telephone Number:	
Email Address:	
National Insurance Number:	
Programme:	Foundation
Estimated Date to Complete Foundation:	
Level of Training to be entered in August 2020:	
Do you hold a valid driving licence?	YES / NO

Education and Qualifications

Degrees

Degree	Awarding body and date

Other Qualifications (eg MRCP etc)

Qualification	Awarding body and date

Membership of Professional Bodies (including defence associations)

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Details of Prizes or Awards

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Please list up to 5 presentations you have made including name of presentation, date and the meeting at which the presentation was made

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Please list up to 5 publications you have authored/co-authored, including stable hyperlinks to the work where possible.

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Details of Employment

Please provide details of all appointments held since graduation (commencing with present post)

Name & Address of Employer	Position Held	Dates From / To (mm/yy)

Eligibility Criteria

Using the Person Specification as a guide, please detail your suitability for the Foundation ADF Programme. To be considered for interview, you **MUST** address **each** of the criteria below.

Criterion 1 – Have excellent communication skills, both orally and in writing (strictly maximum 200 words).

Criterion 2 – Be able to demonstrate good organisational abilities and a proven track record of meeting timescales/deadlines (strictly maximum 200 words)

Criterion 3 – Be able to demonstrate problem-solving skills (strictly maximum 200 words)

Criterion 4 – Interest in and experience of academic research (strictly maximum 200 words)

Criterion 5 – Be able to demonstrate interest in either ophthalmology or respiratory medicine (strictly maximum 200 words)

Recent Medical History

The number of sickness days in the last two years:	
The number of occurrences:	
Reason for sickness:	
Is your sickness related to a disability?	YES / NO

References

Your referees must be a Senior Doctor (Consultant, Associate Specialist or GP) one of whom must be your current clinical or educational supervisor.

Name		Name	
Organisation		Organisation	
Address		Address	
Postcode		Postcode	
Tel No		Tel No	
Email		Email	

Confirmation of Support from Foundation School Director/Foundation School Deputy Director/Foundation Programme Director

I confirm that I am in support of this trainee's application to take a period of 4 months to undertake a Foundation Academic Development Fellowship.

Foundation School Signature:	
Name (Print):	
Date:	
Contact telephone number:	
Email Address:	

Support from your Foundation School Director or Foundation Programme Director is essential; applications which do not include this will not be considered.

Rehabilitation of Offenders

Under the Rehabilitation of Offenders (Exceptions) Order Northern Ireland 1979, some posts are included in the list of excepted employment. As such, any criminal conviction may never be regarded as spent and must be disclosed when applying for a post. IT IS THEREFORE NECESSARY TO ASK THE FOLLOWING QUESTIONS:

A) Have you ever been convicted of any criminal offence, which is not considered a spent conviction? YES / NO

B) Have you ever been convicted of any criminal offence? YES / NO

If YES, please give details (50 words max):

Disability

We welcome applications from people with disabilities. This Disability Discrimination (NI) Act 1995 describes a disability as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

Having read this definition do you consider yourself to have a disability? YES / NO

If so, do you require any arrangements to assist you if called for interview? YES / NO

Please use the box below to suggest any adjustments, which may help you, overcome any disadvantages that you might expect to encounter during the interview process or when doing this job. (50 words max):

Declaration and Signature

I understand and declare that the particulars given are complete and correct to the best of my knowledge. Any candidate found to be providing false information or to have wilfully suppressed any information will be liable to disqualification and if appointed, dismissed.

Signed: _____ Date: _____

Print Name: _____

Return by email to: issf@gub.ac.uk