

YHAF2

Application Form for a F2 Academic Foundation Placement

The deadline for submitting this application form is 1st April 2019

The form should not be extended beyond 2 sides of A4.

Academic Trainee Name:	
Academic Trainee email address:	
Academic Trainee Tel Number:	
Academic Programme Oriel no (e.g. WY2018AFP001):	
Academic Clinical Supervisor(s) For F2 Name(s):	
Academic Clinical Supervisor(s) For F2 email(s):	
Academic Unit or Group:	
Academic Unit or Group Website (if applicable):	
Academic Unit or Group address:	
Nominated Foundation Programme Director Name:	
Nominated Foundation Programme Director email:	
Nominated Foundation Programme Director Tel:	
Title of Project for the F2 Academic Placement:	
Where will the Project for the F2 Academic Placement by	pe Based?
Description of the Academic Project for the F2 Academ Background	ic Placement:
Please outline arrangements for the project with particular Funding:	ular reference to:
Ethical approval:	



Project A	Project Aims and Methodologies:					
Doscrint	ion of Training the I	2 Acadomic	Trainee Will Receive and Access to Rese	arch Eacil	itios:	
Descript	ion or maining the i	2 Academic	Trailiee Will Neceive and Access to Nese	arcii i acii	ilics.	
Reference	ces (Only Include To	p 5):				
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Reference						
Reference						
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Reference						
			roject Plan (including literature review, pro	esentatior	n and	
	p and assessment	of the placen	nent):			
Month 1:						
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Month 2:						
Month 3:	•					
Wichiti 3	•					
Month 4:	•					
Wionth 4	•					
Submit v	our form to: foundation	n.vh@hee.nh	ns.uk			
To be co	mpleted by the Med	lical School:				
	ic Clinical Supervise					
Name:	•	Signature:		Date:		
		J				
To be completed by the Foundation School:						
Foundation Training Programme Director						
Name:		Signature:		Date:		
	Foundation School	Director				
Name:		Signature:		Date:		
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