

## YHAF2

### Application Form for a F2 Academic Foundation Research Placement

The deadline for submitting this application form is 1<sup>st</sup> 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 e.g. Department of Histopathology:	
Academic Unit or Group Website (if applicable):	
Academic Unit or Group address:	
Nominated Foundation Programme Director Name (available on Horus):	
Nominated Foundation Programme Director email:	
Title of Project for the F2 Academic Placement:	
Where will the Project for the F2 Academic Placement be Based (include Speciality and base):	
<p>Description of the Academic Project for the F2 Academic Placement: Background</p> <p>Please outline arrangements for the project with particular reference to: Funding:</p> <p>Ethical approval:</p>	

<b>Project Aims and Methodologies:</b>
<b>Description of Training the F2 Academic Trainee Will Receive and Access to Research Facilities:</b>
<b>Background References if applicable (Only Include Top 5):</b>
Reference 1:
Reference 2:
Reference 3:
Reference 4:
Reference 5:
<b>Outline of the F2 Academic Placement Project Plan (including literature review, presentation and writing up and assessment of the placement):</b>
Month 1:
Month 2:
Month 3:
Month 4:
Submit your form to: <a href="mailto:foundation.yh@hee.nhs.uk">foundation.yh@hee.nhs.uk</a>

<b>To be completed by the proposed Academic Clinical Supervisor:</b>				
<b>Academic Clinical Supervisor for F2 Academic Placement</b>				
<b>Name:</b>		<b>Signature:</b>		<b>Date:</b>

<b>FOR OFFICE USE ONLY</b>				
<b>To be completed by the Foundation School after submission on the 1<sup>st</sup> of April:</b>				
<b>Foundation Training Programme Director / Academic Lead</b>				
<b>Name:</b>		<b>Signature:</b>		<b>Date:</b>
<b>Deputy / Foundation School Director</b>				
<b>Name:</b>		<b>Signature:</b>		<b>Date:</b>
<b>Approved</b>			<b>Yes</b>	<b>No</b>