

YHAF2

Application Form for a F2 Academic Foundation Research Placement (FY2 year 2020 / 2021)

The deadline for FY1 submitting this application form is 1st April 2020

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. WY2019AFP001):		
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:		
Title of Project for the F2 Academic Placement:		
Where will the Project for the F2 Academic Placement be Based (include Speciality and base):		
•	,	
Description of the Academic Project for the F2 Academ	ic Placement:	
Background		
Please outline arrangements for the project with particular reference to:		
Please outline arrangements for the project with partic	ular reference to:	
Please outline arrangements for the project with particle Funding:	ular reference to:	
Please outline arrangements for the project with particle Funding:	ular reference to:	
	ular reference to:	
	ular reference to:	
	ular reference to:	
Funding:	ular reference to:	
	ular reference to:	
Funding:	ular reference to:	
Funding:	ular reference to:	



Project Aims and Methodologies:				
Descript	ion of Training the F2 Academic Trainee Will Receive	and Access to Research Facil	ities:	
	· ·			
Backgro	und References if applicable (Only Include Top 5):			
Reference				
Reference				
Reference				
Referen	ce 4:			
Reference	ce 5:			
Outline of the F2 Academic Placement Project Plan (including literature review, presentation and				
writing up and assessment of the placement):				
Month 1	:			
Month 2				
WOUTH 2	•			
Month 3:				
Month 4:				
Submit y	our form to: foundation.yh@hee.nhs.uk			
_				
	ompleted by the proposed Academic Clinical Supervis	sor:		
	ic Clinical Supervisor for F2 Academic Placement	D-1		
Name:	Signature:	Date:		
FOR OF	FICE LISE ONLY			
FOR OFFICE USE ONLY To be completed by the Foundation School after submission on the 1 st of April:				
Foundation Training Programme Director / Academic Lead				
Name:	Signature:	Date:		
Deputy /	Foundation School Director	,		
Name:	Signature:	Date:		
Approve	ed	Yes	No	

Developing people for health and healthcare