**YHAF2**

**Application Form for a F2 Specialised Foundation Programme Placement (FY2 year 2023 / 2024)**

**The deadline for FY1 submitting this application form is 31st March 2024**

**The form should not be extended beyond 3 sides of A4.**

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| **Are you in a Research post or Medical Education Post:** |  |
| **Specialised Foundation** **Programme Trainee Name:** |  |
| **Specialised Foundation Programme Trainee email address:** |  |
| **Specialised Foundation Programme Trainee Tel Number:** |  |
| **Specialised Foundation Programme Oriel no (e.g. WY2019AFP001):** |  |
| **Specialised Foundation Programme Academic Supervisor(s) For F2 Name(s):** |  |
| **Specialised Foundation Programme Academic 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 Specialised Foundation Programme Placement:** | |
| **Where will the Project for the F2 Specialised Foundation Programme Placement be Based (include Speciality and base):** | |
| **Description of the Specialised Foundation Programme Project for the F2 Specialised Foundation Programme Placement:**  **Background**  **Please outline arrangements for the project with particular reference to:**  **Funding:**  **Ethical approval:** | |
| **Project Aims and Methodologies:** | |
| **Description of Training the F2 Specialised Foundation Programme Trainee Will Receive and Access to Research or Medical Education Facilities:** | |
| **Do you envisage any difficulties related to COVID-19 that could prevent completion of your Research or Medical Education placement?** | |
| **Background References if applicable (Only Include Top 5):** | |
| **Reference 1:** | |
| **Reference 2:** | |
| **Reference 3:** | |
| **Reference 4:** | |
| **Reference 5:** | |
| **Outline of the F2 Specialised Foundation Programme Placement Project Plan (including literature review, presentation and writing up and assessment of the placement):** | |
| **Month 1:** | |
| **Month 2:** | |
| **Month 3:** | |
| **Month 4:** | |
| Forms to be submitted via email to [foundation.yh@hee.nhs.uk](mailto:foundation.yh@hee.nhs.uk)  Subject line: Name (GMC Number) – SFP Placement Application Form Medical Education /  Research (delete as appropriate) | |

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| **To be completed by the proposed Academic Supervisor:** | | | | | |
| **Academic Supervisor for F2 Specialised Foundation Programme Placement** | | | | | |
| **Name:** |  | **Signature:** |  | **Date:** |  |

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| **FOR OFFICE USE ONLY** | | | | | |
| **To be completed by the Foundation School after submission on the 31st of March 2024:** | | | | | |
| **Foundation Training Programme Director / Academic Lead** | | | | | |
| **Name:** |  | **Signature:** |  | **Date:** |  |
| **Deputy / Foundation School Director** | | | | | |
| **Name:** |  | **Signature:** |  | **Date:** |  |
| **Approved** | | | | **Yes** | **No** |