**Postgraduate Certificate in Medical Education Application Form**

Thank you for your interest in applying for the Postgraduate Certificate in Medical Education programme. For more information on the programme visit the [iheed website](https://www.iheed.org/find-your-programme/uow-postgraduate-certificate-in-medical-education-for-healthcare-professionals).

To apply for a place, please complete this application form and return via email to: england.tv-w-criticalcarenetwork@nhs.net

**Personal details:**

|  |  |
| --- | --- |
| **Full name** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **Date of birth** | Click or tap to enter a date. |
| **Email address** | Click or tap here to enter text. |
| **Phone number** | Click or tap here to enter text. |

**Employment:**

|  |  |
| --- | --- |
| **Deanery** | Oxford |
| **Current post** | Click or tap here to enter text. |
| **Do you hold a training number in Intensive Care?** | Yes [x] No [ ]  |
| **Please summarise your current involvement in teaching activities** | Click or tap here to enter text. |

**Personal Statement:**

In 500 words please discuss your motivations for applying and your ability to do the programme. Please include professional experience, interest in the subject, reasons for applying and what you hope to gain from the programme.

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| Click or tap here to enter text. |

Thank you for completing the application form.

Please email your completed form to: england.tv-w-criticalcarenetwork@nhs.net