



Application Form

Please type (or write in capital letters) your answers in English in the spaces provided.

Once you have completed your form please return it with all the supporting information listed in the checklist below to: cme@icldc.ae

Checklist for submission

- All information requested in the form has been provided
- Up-to-date CV

Successful applicants will also need to provide the following documents

- Legible copy of passport
- Copy of funding details (should include source of funding for the fellowship, gross salary in £, and any additional allowance)
- Attested (Translated into English) copies of medical qualifications where appropriate
- Attested copy of IELTS certificate - You must achieved a minimum score of 7.5 in all categories
- Copy of last appraisal

Personal Information

Surname/Family name (as appears in passport)		First /Given names (as appears in passport)	
Home address		D.O.B	
Telephone number			
Email address			
Are you a UAE citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you working for SEHA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Education & Professional Qualifications

Please list your qualifications from university onwards in date order. Please also indicate subjects currently being studied and the expected year of qualification. In the grade/result column for courses not yet completed, please state 'in progress'. All information disclosed on this application will be subject to verification.

Subject	Place of study	Grade /Results	Year obtained

Relevant Training Courses Attended

Please list clinical, management and leadership, research, teaching, professional etc courses you have attended over the past 3 years, in date order (up to 7 with most recent first). Please include courses in progress or approved for attendance in the near future and the expected date of completion. If you have completed a professional course which you believe to be relevant to this post, which falls outside the 3 year limit, please include it. All information disclosed on this application will be subject to verification.

Course title	Training provider	Duration	Year completed

Conditions/Restrictions

Are you currently the subject of a fitness to practice investigation or proceedings by a licensing or regulatory body in the UK or in any other country?

Yes No

Have you ever been removed from the register or have conditions or undertakings been made on your registration by a fitness to practice committee or the licensing or regulatory body in the UK or in any other country?

Yes No

In your current or any previous employment, have you had restrictions placed on your clinical practice as part of the revalidation process?

Yes No

If you have answered yes to any of the above question please provide further detail.

Employment History

Please record below full details of all your continuous employment history, beginning with your current or most recent employer and working backwards chronologically. If there are any gaps in your employment please ensure a full explanation is given at end of the 'Employment History' section.

Current/most recent employer

Employer name and Address	
Name of educational or clinical supervisor	
Job Title	
Email	
Start and end date	Start End
Grade	
Specialty	
Reason for leaving if applicable (maximum 50 words)	
Brief description of your responsibilities and duties (maximum 300 words)	

Employer name and Address	
Name of educational or clinical supervisor	
Job Title	
Email	
Start and end date	Start End
Grade	
Specialty	
Reason for leaving if applicable (maximum 50 words)	
Brief description of your responsibilities and duties (maximum 300 words)	

Employer name and Address	
Name of educational or clinical supervisor	
Job Title	
Email	
Start and end date	Start End
Grade	
Specialty	

Reason for leaving if applicable (maximum 50 words)	
Brief description of your responsibilities and duties (maximum 300 words)	

Employer name and Address	
Name of educational or clinical supervisor	
Job Title	
Email	
Start and end date	Start End
Grade	
Specialty	
Reason for leaving if applicable (maximum 50 words)	
Brief description of your responsibilities and duties (maximum 300 words)	

Gaps in Employment

Please provide in this section explanations for any gaps in your employment history (chronologically, most recent first). For any gaps in employment of 6 months or more over the past 5 years, please include contact details of your professional mentor or educational supervisor, who can verify the reason for the gap and if necessary provide you with an appropriate for the reference period not worked. Maximum 50 words.

Teaching

If applicable, please briefly describe both formal and informal teaching you may have undertaken, the main topics taught, your audience (numbers and composition) and which teaching methods you have used. If you have attended formal training or courses on teaching, please identify them here, and include any feedback you may have received about your teaching skills.

Please provide details about your teaching experience

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Do you hold any particular qualifications in teaching?

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Management of Change

If applicable, please briefly describe changes (including audits and quality improvement projects) you may have personally undertaken over the past 5 years and wish to highlight. Include the aim and outcome, whether you led the change independently or worked under the supervision of a senior. Please list the most recent first up to a maximum of 5.

Description of change

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Research

If applicable, briefly describe any research projects you have undertaken over the past 5 years, the research aim and outcome, whether you initiated and led the research independently or worked under the supervision of a senior. Please list the most recent first up to a maximum of 5.

Research (Include research title, aim of research, conclusion and action)

Do you hold any particular qualifications in research? Maximum 100 words

Publications in Peer Reviewed Journals

If you wish, please list up to 6 of your publications in peer reviewed journals. Please list the most recent first .please state date of publication, journal title, publication title and authors

Presentations

If you wish, please give details of up to 6 presentations you have made. Please list the most recent first. Please state if it was local, national, regional or international. Please also state year of the presentation.

Prizes or Other Academic Distinctions

If you wish, please give details of up to 6 prizes or other academic distinctions you have received. Please list the most recent first.
This should include the awarding body, description and purpose of award and year received

Supporting Information

Please include your reasons for applying and take the opportunity to highlight your particular talents and strengths, (what you feel you can personally offer - what is unique to you - what sets you apart from your peers).

Please DO NOT include personal details or duplicate information already provided elsewhere in your application

References

Please provide the names and full contact details of the people who have agreed to supply references. References must include at least two positions with separate employers. Referees will be required to comment on your competence, personal qualities and suitability for the post.

If you have not been in employment for a considerable amount of time but have had previous employment, then you should seek one reference from your last known employer and a personal reference from a person of standing within your community such as a doctor. Personal acquaintances must not be related to you, or have any financial arrangement with you.

Please note that all reference requests will be followed up and verified by the recruiting employer.

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Signed:	Date:
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