**Multiprofessional Fellowship Programme Application Form**

Places are allocated on first come basis after a discussion between BSMS and the sponsor / NHS trust.

We kindly ask fellows to provide a full response to each of the following sections.

Please note that by providing your email address, you are agreeing to being added to a Fellows network database held by NHS England South East/KSS, if your application is successful.

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| **Fellow Name**:  | **Fellow email address:** | **Fellow Employer:**  |

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| **Project theme - from key priority topic areas - please tick the theme which best matches your project** |  |
| Developing Clinical Practice |  |
| Differential Attainment |  |
| Simulation-Based Education and Technology-Enhanced Learning |  |
| Digital Skills in Healthcare Practice |  |
| Leadership Development. |  |

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| **Name of host organisation/s and Team/Department**  | Name of nominated sponsor (specify name, role, and contact details):  |

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| **Proposed project title for the Multiprofessional fellowship programme:** |

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| **Please provide a brief description (1 paragraph) of the fellowship project you are proposing and how it will link to one of the key areas outlined in the multiprofessional programme. (Aim)** |

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| **Are there any potential problems or risks you envisage with this project?** |

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| **Please describe why you personally would like to apply to be a multiprofessional fellow? What support will you need, and how can the host organisation help? (100 words).** |

Signed by fellow***:*** Date:

Signed by nominated sponsor/director of education: Date:

Signed by line manager: Date:

Please submit your project application form by email to: J.Knight@bsms.ac.uk