

MEDIC MENTOR RESIDENTIAL SUMMER SCHOOLS 2018 Scholarship APPLICATION FORM

Please confirm you can attend the dates below:	
Training day – Sunday prior to the SS	
The whole week of the summer school	

Please complete the form as accurately as possible. When you have completed the application form, you must save it as a .pdf named with your surname, followed by your initials, *as shown in this example: GREEN-A.pdf*. Then e-mail it as an attachment to: admin@medicmentor.org

PERSONAL DETAILS

Title	
Surname/ Family Name	
First Name(s)	
Date of Birth	
Contact Number	
Email Address	
University	
Year of Study	
National Insurance Number	

	Address for All Correspondence	Permanent Home Address (if different)
Line 1		
Line 2		
Line 3		
Town		
County		
Post Code		

Please select the weeks that you are available to attend. You may select multiple weeks and your flexibility of dates may increase your chances of being accepted.

Week 1: 23/07/18-27/07/18	
Week 2: 30/07/18-03/08/18	
Week 3: 06/08/18-10/08/18	

PERSONAL STATEMENT (MAX 4000 CHARACTERS)

In the space below please provide a personal statement highlighting your motivation and suitability for the role. You should include supporting information, outlining any relevant experiences, skills, and knowledge especially in a mentoring role. Refer to the job description document for more information.