|  |
| --- |
| Expression of interest for Graham Ayliffe Fellowship |

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  |  |
|  | First  | Last |  |  |  |

|  |  |  |
| --- | --- | --- |
| Work Address: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City  | Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |   |

## Candidate training stage and eligibility

Are you a member of HIS?

|  |  |
| --- | --- |
| YES [ ]  | NO [ ]  |

|  |
| --- |
|  |

Please provide your membership number

**Prerequisites for medically qualified and Higher Specialist Scientist Training (HSST) programme applicants:**

|  |  |  |  |
| --- | --- | --- | --- |
| Training Programme |  | Year of training |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Deanery (*if applicable*) |  |  Job title  |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will your training programme lead to a higher qualification in infection or infection sub-specialty? |

|  |  |  |
| --- | --- | --- |
|  YES [ ]  |  NO [ ]  | *(Please double click on the appropriate squares to mark as checked with an x)* |

 |
| Have you passed the FRCPath Part one examination? |

|  |  |
| --- | --- |
| YES [ ]  |  NO [ ]  |

 |
| Can you exhibit satisfactory training progress and be able to demonstrate an interest in IPC above core requirements? |

|  |  |
| --- | --- |
| YES [ ]  | NO [ ]  |

 |

**Prerequisites for nursing applicants:**

|  |  |  |
| --- | --- | --- |
| Job title  |  |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you registered with the Nursing and Midwifery Council? |

|  |  |
| --- | --- |
| YES [ ]  | NO [ ]  |

 |
| Do you possess a post-graduate diploma in IPC or public health? |

|  |  |
| --- | --- |
| YES [ ]  | NO [ ]  |

 |
| Have you worked as an IPC specialist for a minimum of 2 years? |

|  |  |
| --- | --- |
| YES [ ]  | NO [ ]  |

 |
| Can you exhibit satisfactory training progress and be able to demonstrate an interest in IPC? |

|  |  |
| --- | --- |
| YES [ ]  | NO [ ]  |

 |

## Preparing for the fellowship

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Have you discussed the fellowship with**: |  |  |  |  |  |  |  |  |
| Your line manager? | YES [ ]  | NO[ ]  |  | Your TPD? | YES [ ]  | NO[ ]  |  N/A [ ]   | HIS\*? | YES[ ]  | NO [ ]  | \*Please see section 5 below to arrange a discussion with HIS |  |

|  |  |
| --- | --- |
| When would the fellowship start? |  |

**What format would your fellowship follow:**

|  |  |  |
| --- | --- | --- |
| Full time out of programme? [ ]   | Part time out of programme? [ ]   |  Other? (Please explain below) [ ]   |

Other

|  |  |  |  |
| --- | --- | --- | --- |
| Are you applying for the ‘Part-time HIS Journal Editor Role’ that we are running this year for the fellowship? (For more information follow this [link](https://his.org.uk/media/aj4hgkqm/graham-ayliffe-fellowship.pdf)) |

|  |  |
| --- | --- |
| YES [ ]  | NO [ ]  |

 |
| Have you identified a supervisor for the fellowship?  |

|  |  |
| --- | --- |
| YES [ ]  | NO [ ]  |

 |
| Will you need assistance identifying a member of the HIS council to act as an external Mentor for the fellowship?  |

|  |  |
| --- | --- |
| YES [ ]  | NO [ ]  |

 |

## Brief outline of planned fellowship content (200 words)

## Discussion with HIS\*

*Please indicate when, during office hours, you would be available for a discussion about the fellowship:*

## Signature

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |   |

 *Please insert your signature here*