**YHAF2**

**Application Form for a F2 Academic Foundation Research Placement (FY2 year 2021 / 2022)**

**The deadline for FY1 submitting this application form is 1st April 2021**

**The form should not be extended beyond 2 sides of A4.**

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| **Academic Trainee Name:** |  |
| **Academic Trainee email address:** |  |
| **Academic Trainee Tel Number:** |  |
| **Academic Programme Oriel no (e.g. WY2019AFP001):** |  |
| **Academic Clinical Supervisor(s) For F2 Name(s):** |  |
| **Academic Clinical Supervisor(s) For F2 email(s):** |  |
| **Academic Unit or Group e.g. Department of Histopathology:** |  |
| **Academic Unit or Group Website (if applicable):** |  |
| **Academic Unit or Group address:** |  |
| **Title of Project for the F2 Academic Placement:** |
| **Where will the Project for the F2 Academic Placement be Based (include Speciality and base):** |
| **Description of the Academic Project for the F2 Academic Placement:****Background****Please outline arrangements for the project with particular reference to:****Funding:** **Ethical approval:**  |
| **Project Aims and Methodologies:** |
| **Description of Training the F2 Academic Trainee Will Receive and Access to Research Facilities:** |
| **Do you envisage any difficulties related to COIVID-19 that could prevent completion of your Academic block?** |
| **Background References if applicable (Only Include Top 5):** |
| **Reference 1:**  |
| **Reference 2:**  |
| **Reference 3:**  |
| **Reference 4:**  |
| **Reference 5:**  |
| **Outline of the F2 Academic Placement Project Plan (including literature review, presentation and writing up and assessment of the placement):** |
| **Month 1:**  |
| **Month 2:**  |
| **Month 3:**  |
| **Month 4:**  |
| Submit your form to: foundation.yh@hee.nhs.uk  |

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| **To be completed by the proposed Academic Clinical Supervisor:** |
| **Academic Clinical Supervisor for F2 Academic Placement** |
| **Name:** |  | **Signature:** |  | **Date:** |  |

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| **FOR OFFICE USE ONLY** |
| **To be completed by the Foundation School after submission on the 1st of April:** |
| **Foundation Training Programme Director / Academic Lead** |
| **Name:** |  | **Signature:** |  | **Date:** |  |
| **Deputy / Foundation School Director** |
| **Name:** |  | **Signature:** |  | **Date:** |  |
| **Approved** | **Yes** | **No** |