**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](mailto: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** |