Global Health Volunteer Fellowship Application Form

2024/25

Please provide a relevant CV with your application

|  |  |
| --- | --- |
| **Name:** |  |
| **Email address:** |  |
| **Mobile phone number:** |  |
| **Qualifications:** |  |
| **Specialty:** |  |
| **Training Programme:**  **(i.e. location)** |  |
| **Deanery:** |  |
| **Please name the country and institution in which your primary medical qualification was awarded?** |  |
| **Please can you advise your ‘Right to work’ status in the UK, please detail any visa requirements?**  **If you are a UK National, please**  **write: UK National in this box.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Educational Supervisor:** |  | **Email address:** |  |
| **Name of Training Programme Director:** |  | **Email address:** |  |

**What is your current grade? …………………………………………….**

**Start date of training (month & year) …………………………………...**

**Preferred deployment date (month & year) ……………………………**

**Preferred deployment duration (delete as applicable):** **4 months / 5 months / 6 months**

Please submit this form by email to: [**england.ghf.eoe@nhs.net**](mailto:england.ghf.eoe@nhs.net)

If successful in your application for a Global Health Fellowship your contact details i.e. email address and telephone number will need to be disclosed to an overseas organisation in order for them to contact you to begin the registration process. Please therefore mark the box below to confirm you are happy for us to forward this information.

I give consent for you to share contact information 🞏

The majority, if not all rural hospitals will require you to attend clinics away from the hospital and you will be provided with a vehicle to travel to and from the clinics. Please confirm you hold a full, current UK/EEA driving licence to carry out this role, please mark the box to confirm you are able to drive 🞏

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**Part 2**

Please provide evidence for each of the below selection criteria. You may use bullet points and you should write **no more than 150 words** per box. Words over the limit will be discounted.

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| 1. **Relevant experience working or travelling overseas** |
| Consider the following:   1. During a gap year post education 2. Medical Student Elective 3. Post Foundation Year 2   Score out of 5 |
| 1. **Why do you want to undertake a GHF OOPE?** |
| Score out of 5 |
| 1. **Outline what you would like to achieve during your GHF experience** |
| Consider the following:   1. Personal Benefits 2. Benefits to the NHS 3. Benefits to the local community and host country   Score out of 5 |
| 1. **Demonstrate your commitment for a deployment to a rural low resource community overseas on a volunteer placement** |
| Score out of 5 |
| 1. **Please provide the name and contact details of your Educational Supervisor and one independent referee.** |
| Score out of 5 |