|  |
| --- |
| 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*