**International Programme for Psychiatrists**

**Initial Application Form**

**PERSONAL DETAILS**

Name of Applicant:

Family Name:

First Name:

Gender:

Date of Birth:

Country of Birth:

Country of Residence:

Nationality:

Home Address:

Email Address:

Telephone Number:

Next of Kin (name / relationship to you / contact details):

Personal Statement (outlining reasons for your visit):

CV with current employment details (please attach):

Two References:

Name: Name:

Job Title: Job Title:

Email Address: Email Address:

**DETAILS OF YOUR VISIT**

**Start Date of your Visit (please indicate which option is best for you):**

**Length of visit (please indicate which option is better for you):**

2 weeks (provides an overview of service programmes only)

4 weeks

1 term (10 weeks)

**Details of your clinical experience:**

**Details of your particular areas of interest:**

**What do you expect from this visit:**

🞏 I hereby confirm that the information provided in this form is complete and correct to the best of my knowledge. I also agree to the fees charged if a programme is offered and if I decide to participate.

This form is neither a contract nor a guarantee of a visit.

Please return the completed form along with any required documentation to Simone, Silverstein, Medical Education Manager at ssilverstein@tavi-port.nhs.uk