**cysticfibrosis.org.uk**



**Application for the Cystic Fibrosis Trust Physiotherapy Fellowship 2020**

# Applicant

|  |  |
| --- | --- |
| **Surname** |  |
| **Forename(s)** |  |
| **Contact address** |  |
| **Telephone number Day:** **Mobile:** |  |
| **Email address** |  |

 **Qualifications**

**Professional qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course title** | **Place of study** | **Grade/result** | **Year obtained** |
| 1.2.3. |  |  |  |

**Membership of professional bodies**

I have current UK professional registration ☐ Yes ☐ No

ACPCF membership ☐ Yes ☐ No Membership no.

**Employment**

|  |  |
| --- | --- |
| **Current employer name and address** |  |
|  **Title and grade of post** |  |
|  **Start date of post** |  |

**Summary of career to date**

(No more than 700 words)

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|  |

**Details of proposed supervisor for the term of the Fellowship**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Forename** | **Surname** | **Institution** | **Grade** |
|  |  |  |  |  |

**Supporting information**

(To include what you hope to gain from the fellowship, how you will use this opportunity to further your career, proposed service development project)

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|  |

 **References**

|  |  |
| --- | --- |
| **Referee 1** | **Referee 2** |
|  |  |
| **Line manager signature**  |

Please return completed application form to clinicalaffairs@cysticfibrosis.org.uk along with your CV by **Friday 21 February 2020.**