



## NHS MEDICAL TRAINING INITIATIVE APPLICATION FORM

Please fill in the application form in black ink & block letters or electronically. **Please supply a current CV with this form**

**Please email this application form to the following two emails**

[Bapio.mtjobs@gmail.com](mailto:Bapio.mtjobs@gmail.com)

[Bapuji.rao@wales.nhs.uk](mailto:Bapuji.rao@wales.nhs.uk)

WhatsApp no 0044 7399437855

## APPLICATION FOR EMPLOYMENT WITH NHS WALES

|                      |                |
|----------------------|----------------|
| Job Reference Number | MTISEP17-BAPIO |
|----------------------|----------------|

### Personal Details

|  |  |
|--|--|
| Title  |  |
| Surname/Family Name  |  |
| First Name   |  |
| Middle Name  |  |
| Address<br>(Including Postcode/ Zip code)  |  |
| Country  |  |
| Home Telephone   |  |
| Email Address<br><i>(Most communication will be via email. Please provide an active email address which you check regularly. You must notify us of any change)</i> |  |

### Please indicate which specialty you would like work in

**Please write your sub-specialty alongside the main specialty**

|                                |                          |
|--------------------------------|--------------------------|
| Emergency Medicine             | <input type="checkbox"/> |
| Medicine                       | <input type="checkbox"/> |
| General Surgery                | <input type="checkbox"/> |
| Trauma and Orthopaedic Surgery | <input type="checkbox"/> |
| Paediatrics                    | <input type="checkbox"/> |
| Neonates                       | <input type="checkbox"/> |
| Psychiatry                     | <input type="checkbox"/> |



**It is Essential for you to complete ALL of this section**

|   |                              |  |
|---|------------------------------|--|
| Do you currently have a visa or other leave to remain in the UK?<br><i>(You must live overseas at time of application and return home after training)</i>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| Do you have a an appropriate medical qualification acceptable to GMC  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| Part 1 Royal College Exam of the relevant college   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| Do you have MD/MS/DNB or similar degree with 3 years PG experience.<br>You may be eligible for a Clinical Fellow post at equivalent to CT level if you do not have MD/MS and 3-4 years experience | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| Have you passed the IELTS or attempted it. If so, please provide tour scores  | <input type="checkbox"/> Yes | <input type="checkbox"/> No<br>Date obtained<br>.....              |
| If no, would you be prepared to take the IELTS exam immediately   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| Do you have or have you previously attempted the PLAB I or II test?<br><b>PLEASE NOTE:</b> Passing PLAB I or II is NOT considered a satisfactory alternative to IELTS                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No<br>Date<br>obtained/attempted<br>..... |

**Education & Professional Qualifications**

| Please list your qualifications from MB,BS onwards in date order (with most recent first). All information disclosed on this application will be subject to verification. |                |              |               |
|---|----------------|--------------|---------------|
| Subject/Qualification   | Place of Study | Grade/result | Year obtained |
|   |                |              |               |
|   |                |              |               |
|   |                |              |               |
|   |                |              |               |
|   |                |              |               |

**Relevant Training Courses Attended**

| Please list all courses you have attended over the last 5 years, in date order (up to 5 with most relevant ones). |                   |          |                |
|---|-------------------|----------|----------------|
| Course Title  | Training Provider | Duration | Year Completed |
|   |                   |          |                |
|   |                   |          |                |



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## Membership of Professional Bodies

Please provide details regarding any relevant professional registrations or memberships. This information will be subject to a satisfactory check.

| If you have answered 'I have current UK professional registration relevant for this post' or 'I have current UK professional registration and licence to practise for this post', then please enter the relevant details below. |                                 |                                |                     |
|---|---------------------------------|--------------------------------|---------------------|
| UK /Indian Professional Body  | Membership or Registration type | Membership Registration Number | Expiry/Renewal Date |
|   |                                 |                                |                     |
|   |                                 |                                |                     |

## Fitness to Practise

|  |
|--|
| *Are you currently subject to a fitness to practise investigation and/or proceedings by a regulatory or licensing body in the United Kingdom, or in any other country?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If you have answered 'yes' above, provide full details below   |
| <br><br><br><br><br><br><br><br><br><br>   |
| *Have you ever been removed from the register or have conditions or undertakings been made on your registration by a fitness to practise committee, regulatory or licensing body in the United Kingdom, or in any other country? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If you have answered 'yes' above, please provide full details below  |
| <br><br><br><br><br><br><br><br><br><br>   |
| *In your current or any previous employment, have you had restrictions placed on your clinical practise as a part of the revalidation process?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If applicable, please provide details of any restrictions you may have.  |



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## Employment History

Please record below full details of all your **continuous employment history**, beginning with your current or most recent employer and working backwards chronologically.

### Current / Most Recent Employment (Reference always required)

|   |  |                       |                                  |                                  |  |
|---|--|-----------------------|----------------------------------|----------------------------------|--|
| Start Date<br>(MM/YYYY)                               |  | End Date<br>(MM/YYYY) |                                  | Contract<br>Duration<br>(months) |  |
| Employer Name   |  |                       |                                  |                                  |  |
| Full Postal Address                                   |  |                       |                                  |                                  |  |
|   |  |                       |                                  | Post/Zip Code                    |  |
| Type of Business                                      |  |                       |                                  |                                  |  |
| Name of Educational<br>or Clinical<br>Supervisor      |  |                       | Job Title                        |                                  |  |
| Email   |  |                       | Telephone                        |                                  |  |
| Your Job Title  |  |                       |                                  |                                  |  |
| Grade   |  |                       | Current Basic Salary             |                                  |  |
| Specialty   |  |                       | Sub-Specialty<br>(if applicable) |                                  |  |
| Hospital/Base   |  |                       |                                  |                                  |  |
| Reason for leaving (if applicable)                    |  |                       |                                  |                                  |  |
|   |  |                       |                                  |                                  |  |
| Brief description of your duties and responsibilities |  |                       |                                  |                                  |  |
|   |  |                       |                                  |                                  |  |



## Previous Employers starting from 1st year of Post graduation

|                              | Employer 1 | Employer 2 | Employer 3 | Employer 4 |
|------------------------------|------------|------------|------------|------------|
| Start Date                   |            |            |            |            |
| End Date                     |            |            |            |            |
| Employer/Hospital address    |            |            |            |            |
| Name of Clinical supervisor  |            |            |            |            |
| Email of clinical supervisor |            |            |            |            |
|                              |            |            |            |            |
| Your job title & grade       |            |            |            |            |
|                              |            |            |            |            |
| Speciality                   |            |            |            |            |
|                              |            |            |            |            |
| Brief description of duties  |            |            |            |            |

## Gaps in Employment

|   |
|---|
| Please give details of any gaps of > 6 months in your employment or training(within last 5 years) |
|   |



## Referees

Please provide the names and full contact details of at least two referees with separate employers to cover a minimum period of three years employment and/or training history.

Please note that all reference requests will be followed up and verified by the recruiting employer. Referees may be approached prior to interview, unless you indicate otherwise below.

|   | Referee 1<br>Current or most recent employer   | Referee 2  | Referee 3  |
|---|--|--|--|
| Type of Reference                         | <input type="checkbox"/> Employer<br><input type="checkbox"/> Educational<br><input type="checkbox"/> Personal | <input type="checkbox"/> Employer<br><input type="checkbox"/> Educational<br><input type="checkbox"/> Personal | <input type="checkbox"/> Employer<br><input type="checkbox"/> Educational<br><input type="checkbox"/> Personal |
| Name of Referee                           |  |  |  |
| Relationship                              |  |  |  |
| Employer Name                             |  |  |  |
| Employer/Hospital address & post/zip code |  |  |  |
| Job title, speciality & grade             |  |  |  |
| Telephone                                 |  |  |  |
| Email                                     |  |  |  |

## Supporting Information

If you are applying for a surgical or interventionist post and have a log book of procedures, please provide information below about the most commonly done procedures

| Declaration of Practical Experience | Number of Recorded Procedures or Interventions Completed |               |
|-------------------------------------|--|---------------|
|                                     | Under Senior Supervision                                 | Independently |
|                                     |  |               |
|                                     |  |               |
|                                     |  |               |
|                                     |  |               |
|                                     |  |               |
|                                     |  |               |
|                                     |  |               |
|                                     |  |               |



## Teaching

*Please briefly describe both formal and informal teaching you may have undertaken, the main topics taught, & your audience (Do you hold any particular qualifications in Teaching?)*

## Research

*Briefly describe any research projects you have undertaken over the past 5 years starting with the most recent one. Further details can be supplied in CV*

| Project Title | Date | Aim of Research | Conclusions/Actions |
|---------------|------|-----------------|---------------------|
|               |      |                 |                     |
|               |      |                 |                     |
|               |      |                 |                     |
|               |      |                 |                     |
|               |      |                 |                     |

*If you have done any audit/quality improvement project, please summarise your main learning point in 100 words*

## Publications in Peer Reviewed Journals

*If you wish, please list your 3 most relevant publications in peer reviewed journals.*

|                   |  |
|-------------------|--|
| Date and Journal  |  |
| Publication Title |  |
| Authors           |  |
|                   |  |
| Date and Journal  |  |
| Publication Title |  |
| Authors           |  |
|                   |  |
| Date and Journal  |  |
| Publication Title |  |
| Authors           |  |



**Presentations:** *Details of 3 most relevant presentations starting with the most recent*

| Title | Type<br>(local/national/regional/international) | Year<br>presented |
|-------|---|-------------------|
|       |   |                   |
|       |   |                   |
|       |   |                   |

**Prizes or other academic distinctions up to 3 most relevant awards/distinctions**

| Awarding Body | Description and Purpose of Award | Year<br>received |
|---------------|----------------------------------|------------------|
|               |                                  |                  |
|               |                                  |                  |
|               |                                  |                  |

**Management and Leadership Experience**

*Please highlight experience you may have which is relevant to this post, not necessarily limited to professional activities. (max. 100 words)*

**Team Working**

*Describe situations where you have been involved in working in a team, not necessarily limited to professional activities. (max. 100 words)*

**Supporting Information**

Please include your reasons for applying and take the opportunity to highlight your particular talents and strengths, (what you feel you can personally offer – what is unique to you – what sets you apart from your peers).

Please **DO NOT** duplicate information already provided elsewhere in your application. (max. 300 words)





## Relationships

If you are related to a director, or have a relationship with a director or employee of an appointing organisation, please state the relationship:

## Declaration

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

I agree to the above declaration

Signature

Name

Date