

**Management & Leadership Scholarship**

**Application Form - Year 1**

**Please Note: Incomplete Application Forms Will Not Be Accepted**

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| **Section A - Personal Details** | | | | | |
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| **1. First Name:** | |  | | | |
| **2. Surname:** | |  | | | |
| **3. Medical Council Number:** | |  | | | |
| **4. Postal Address:** | |  | | | |
| **5. Email Address (Mandatory):** | |  | | | |
| **6. Contact Telephone Number:** | |  | | | |
|  | |  | | | |
| **Section B - Employment Details** | | | | | |
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| **7. Employer:** | |  | | | |
| **8. Employer’s address:** | |  | | | |
| **9. Specialty:** | |  | | | |
| **10. Job Title:** | |  | | | |
| **11. Training scheme:** | |  | | | |
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| **Section C - Details of Postgraduate Programme** | | | | | |
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| **12. Name of College/Institution:** | |  | | | |
| **13. Address of College/Institution:** | |  | | | |
| **14. Name of Postgraduate Course:** | |  | | | |
| **15. Year of Course:** | |  | | | |
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| **Section D - Previous Funding** | | | | | |
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| **16. Have you previously been granted funding under this scheme? Please tick the box** | | **Yes:** |  | **No:** |  |
| **If yes, please provide details:** | | | | | |
| **Section E - Reason for Application for Postgraduate Programme in Leadership & Management** | | | | | |
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| **17. Please provide examples of prior experience in a management and/or leadership role.**  ***Word Count: 500 words +/- 10%*** | | | | | |
|  | | | | | |
| **18. Please indicate below your reasons for applying for a postgraduate programme in management and/or leadership and its relevance to your current role.**  ***Word Count: 500 words +/- 10%*** | | | | | |
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| **19. Please outline your objectives in undertaking this course which will be relevant to your future roles, your future plans and what you hope to achieve by attaining this qualification.**  ***Word Count: 500 words +/- 10%*** | | | | | |
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| **Section F - Signature** | | | | | |
|  | | | | | |
| **20. Signature of Applicant:** |  | | | | |
| **21. Printed Name of Applicant:** |  | | | | |
| **22. Date (DD/MM/YYYY):** |  | | | | |
|  |  | | | | |
| **Submission of Completed Applications** | | | | | |
| **Please Note: Incomplete Application Forms Will Not Be Accepted** | | | | | |
| **Please return completed application form to** [**doctors@hse.ie**](mailto:doctors@hse.ie)    **Closing date for Applications is Monday, 25th March 2024**    **General enquiries, please contact** [**doctors@hse.ie**](mailto:emma.harrison@hse.ie) | | | | | |