 **Application Form **

 **Management & Leadership Scholarship – Year 2**

**Section A – Personal Details**

## First Name:

1. **Surname:**
2. **Medical Council Number:**
3. **Postal Address:**
4. **Email Address (Mandatory):**
5. **Contact Telephone Number:**

**Section B – Employment Details**

1. **Employer:**
2. **Employer’s address:**
3. **Specialty:**
4. **Job Title:**
5. **Training scheme:**

**Section C – Details of Postgraduate Programme**

1. **Name of College / Institution:**
2. **Address of College / Institution:**
3. **Name of Postgraduate Course:**
4. **Year of Course:**

**Section D – Signature**

1. **Signature of Applicant:**

**20: Printed Name of Applicant:**

**21. Date (DD/MM/YYYY):**

**Submission of Completed Applications:**

**Please return completed application form to Thomas Hynes,**

**Email:** **thomas.hynes1@hse.ie**

**National Doctors Training & Planning, Sancton Wood Building, Heuston South Quarter, Saint John’s Road West, Dublin 8**

**Closing date for Applications is Monday the 15th of March 2021.**

**General enquiries to Thomas Hynes, NDTP, Email:** **thomas.hynes1@hse.ie**