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|  | SCHOOL OF MEDICINE, DENTISTRY AND BIOMEDICAL SCIENCES  SUPPLEMENTARY APPLICATION FORM |

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| **Applicant Name:** |  |
|  |  |
| **Email Address:** |  |

**As you may be aware the Postgraduate Certificate in Clinical Education is offered in two venues for September 2016 entry – Belfast and Altnagelvin (Medical applicants only). The Postgraduate Certificate in Clinical Education is also offered in Belfast for February 2016 entry for Dental and Medical applicants. Please indicate your intake preference below:**

* Belfast – September 2016 entry (Medical applicants only)

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* Altnagelvin – September 2016 entry (Medical applicants only)

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* Belfast – February 2016 entry (Medical and Dental applicants)

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**Can you please confirm the title of your current position?**

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**Action you should now take:**

You must upload this completed supplementary form as part of your application via the postgraduate application portal. Please select the ‘Upload Document’ link which is located under the ‘Additional Information’ section of the application.