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|  | SCHOOL OF MEDICINE, DENTISTRY AND BIOMEDICAL SCIENCESSUPPLEMENTARY APPLICATION FORM |

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

**Please provide the following information in support of your application to the Postgraduate Diploma in Mental Health**

***Please provide the following information*:**

1. Can you please confirm that you are currently working, or are due to commence work, within a clinical psychiatry setting? (Please place an X in the appropriate box.)

|  |  |  |
| --- | --- | --- |
| Yes |  |  |
|  |  |  |
| No |  |  |

1. Please confirm the duration of the above psychiatry placement:

|  |  |
| --- | --- |
| From (dd/mm/yyyy): |  |
|  |  |
| To (dd/mm/yyyy): |  |

1. Please confirm the title of your current position e.g. F1, STR, Staff Grade.

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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.