

Special Interest Sessions Application Form

Please complete this form electronically or in black ink. Please then return together with:

- **Details of a current enhanced DBS certificate including:**
 - Reference number
 - Date of issue
 - Level of check e.g. enhanced
 - And whether any concerns were raised
- **An up to date CV**

Via email to: academicdepartment@standrew.co.uk

Personal Details							
Name:							
Main Contact Email Address:							
Current Post							
Post:							
Employer:							
Special Interest Sessions							
Please detail where you would like your sessions to take place:							
Neuropsychiatry	Learning Disability	Adolescent Psychiatry	Forensic Psychiatry	Women's Mental Health	Personality Disorder	ASD	Men's Mental Health
Other, please provide details							
If you know which Consultant Psychiatrist you would like to be placed with, please provide details:							

Proposed dates of placement, please give start and end date:	
Please state preferred attendance day:	
Declaration	
<p>I confirm that all information given by me on this form is correct. Should any information prove to be incorrect St Andrews Healthcare reserves the right to withdraw any offer made.</p> <p>I give my consent to the processing of my data by St Andrews Healthcare</p>	Signed:
	Print Name:
	Date:
Learning Objectives	
Please provide any learning objectives for your special interest sessions below:	