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# Application Form for the St John’s Diploma in

# Specialist Dermatology

Please complete this form only if you wish to apply for the full St John’s Diploma in Specialist Dermatology package.

You **do not** need to complete this form if you wish to register for individual modules or smaller module packages eg. 50 credit package.

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| First Name: |  |  |  | Date: |  |
| Surname: |  |  |  | Title: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

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| --- | --- | --- | --- |
|  |  |  |  |
|  | City & State | Country | Postal/ZIP Code |

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| --- | --- | --- | --- |
| Phone (including international code): |  | Email: |  |
| Medical professional registration number eg. GMC |  | Country of issue: |  |

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| --- | --- |
| Current work position & grade eg. resident/trainee, consultant/attending: |  |
| Current place of work: |  |
| Work address: |  |
|  |  |

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| --- | --- | --- | --- | --- |
| Do you have UK nationality? (if so you will need to also attach a photocopy of your UK passport front cover AND photo page) | YES | NO | If not, what is your nationality? |  |

## Education

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| Medical School: |  | Address: |  |

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| From: |  | To: |  | Qualification: |  | | | |
|  | | | | | |  |  |  | |  |
| I confirm that I am proficient in the English language to a sufficient level for postgraduate medical education (*A rough guide would be equivalent to at least IELTS level 5/6* [*https://www.ielts.org/for-test-takers/sample-test-questions*](https://www.ielts.org/for-test-takers/sample-test-questions) ) | | | | | | YES | NO | Qualification (if applicable): | |  |

## References

Please list two professional references whom we may contact for further information

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| --- | --- | --- | --- |
| Full Name: |  | Relationship & duration: |  |
| Job title: |  | Email: |  |
| Work Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship & duration: |  |
| Job title: |  | Email: |  |
| Work Address: |  |  |  |
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## Personal Statement

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| --- |
| In **no more than 200 words** please state:  1) Why you want to undertake the St John’s Diploma  2) How it would benefit your practice and patients |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application will results in my permanent disqualification from the Diploma without refund.

I understand that this course is targeted at dermatology trainee/resident and consultant/attending level and accept that this is appropriate to my level of training and experience.

If you are applying as a UK learner, please attach a photocopy of your UK passport front cover AND photo page alongside this application form.

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| Signature: |  | Date: |  |