

Application Form – Anatomical Society Anatomy Training Programme

2024-2025

You should read ‘How to Apply’ and the ‘Brief Module Overview Documents’ on the website at <http://www.anatsoc.org.uk/Education/AnatomyTrainingProgramme.aspx> or under ‘Education’ and ‘Anatomy Training Programme’ before you apply. All sections of the form must be completed. Please return your completed application form **BY E-MAIL** to the Anatomical Training Programme Management Board c/o [anatomytrainingprogramme@gmail.com](mailto:anatomytrainingprogramme@gmail.com).

**Deadline for receipt of the Application Form is 1 August 2024 if you intend to join the programme commencing 1 September 2024.**

**IMPORTANT:**

**Registration on the Programme or distribution of the module material will only be completed on receipt of the Training Programme fee OR with a note from your institution stating that they will pay the full fee (to be sent to the Treasury – see p5 below).**

**A. Programme Options for course beginning Sept 2024**

1. **PLEASE INDICATE WHICH MODULES YOU WILL BE UNDERTAKING THIS YEAR:**

You may apply for a single module, or two per year.

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| --- | --- | --- | --- | --- | --- |
| **MODULE CODE** | **TOPIC** | **YEAR** | **FEE (£)** | **RESIDENTIAL SCHOOL (compulsory)** | **INTENDED MODULES (please tick applicable)** |
| ATP1 | Limb | 2024/25 | 300 | July 2025 |  |
| ATP2 | Head and Neck | 2024/25 | 300 | July 2025 |  |

The fee includes tuition costs and course material, but **does not** include travel expenses, accommodation or meals on the Residential Programmes. The Society reserves the right to amend the fees for future courses.

**Successful completion of a module will lead to the award of a Module Certificate. Successful completion of all modules will lead to the award of a Programme Certificate.**

1. **PLEASE INDICATE WHICH MODULES YOU HAVE ALREADY REGISTERED FOR AND PROGRESS:**

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| --- | --- | --- | --- | --- | --- | --- |
| **MODULE CODE** | **TOPIC** | **YEAR** | **FEE PAID** | **Portfolios completed** | **RESIDENTIAL SCHOOL attendance** | **Module completed** |
| ATP1 | Limbs |  |  |  |  |  |
| ATP2 | Head and Neck |  |  |  |  |  |
| ATP3 | Trunk |  |  |  |  |  |
| ATP4 | Neuroanatomy |  |  |  |  |  |

**B. ABOUT YOU**

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| 1. **APPLICANT’S DETAILS** | | | | | | | | |  | Contact Address | | | | | | |
|  | | |  | | |  |  | |  |  | | | | | | |
| Title: (Dr/Mr/Mrs/Miss/Ms/other) | | |  | | |  |  | |  |  | | | | | | |
| Your preferred pronouns (He/she/they/other)   |  | | --- | |  | | | | | | | | | |  |  | | | | | | |
| First names in full | | | | | | | | |  |  | | | | | | |
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|  | | | | | | | | |  | Postcode | |  | | | | |
| Preferred first name | | | | | | | | |  |  | | | | | | |
|  | | | | | | | | |  | Telephone number (including code) | | | | | Ext | |
|  | | | | | | | | |  | Day |  | | |  |  | |
|  | | | | | | | | |  |  | | | | | | |
| Surname/family name | | | | | | | | |  | Mobile |  | | |  | | |
|  | | | | | | | | |  |  | | | | | | |
|  | | | | | | | | |  | Email address | | |  | | | |
| Your date of birth (example 23 March 1995) | | | | | | | | |  |  | | | | | | |
| Day | | Month | | | Year | | | |  |  | | | | | | |
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| Country of residence | | | | | | | | |  |  | | | | | |  |
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| Nationality: | | | | | | | | |  |  | | | | | |  |
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1. **UNIVERSITY/COLLEGE EDUCATION AND PROFESSIONAL QUALIFICATIONS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From month/year | To month/year | University/college attended | Full-time Part-time | Subjects read | Qualifications | Dates and classes of awards |
|  |  |  |  |  |  |  |

If any of your qualifications were obtained under a name different from the one given in Section 1, please enter the name here.

First name Surname

1. **PRIZES, SCHOLARSHIPS OR DISTINCTIONS**

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1. **EMPLOYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From month/year | | To month/year | Position held and place of work | Name and address or employer |
|  |  | |  |  |

1. **FACILITIES**

Please state the teaching/ research facilities (e.g. library, electronic resources, laboratory, cadaveric material) you will be using and the name and address of the institution(s) where they are located. Indicate against each whether or not you already have access to these facilities (e.g. as an employee of the institution).

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1. **DETAILS OF APPLICANT’S MENTOR**

The applicant must have the agreement from a person willing to act as his/her/their mentor (normally a senior academic at applicant’s own institution) before applying for the course. **Please ask your mentor to complete this section.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  |  |  | |
|  | | |  | |  | | |
| Title (Professor/Dr, etc.) | |  |  | |  | |  |
| First name(s)  Surname  Institution name  Institution Address   |  |  | | --- | --- | |  |  | |  |  | |  |  | | Postcode |  |  |  |  | | --- | --- | | Telephone number (including code) |  | | E-mail address |  | | Signature |  | | Date |  | | | |  | |  | | |

1. **LINE MANAGER/HEAD OF DEPARTMENT APPROVAL**

The applicant must have the agreement of his/her/their line manager or departmental head before applying for the course. **Please ask your line manager/head of department to complete this section.**

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| --- | --- |
|  | |
| Title (Professor/Dr etc.) |  |
| First name(s)  Surname  Institution name  Institution Address   |  |  | | --- | --- | |  |  | |  |  | |  |  | | Postcode |  |  |  |  | | --- | --- | | Telephone number (including code) |  | | E-mail address |  | | Signature |  | | Date |  | | |

1. **FURTHER STUDY**

Are you undertaking or have you already undertaken study for a Postgraduate Certificate in Higher Education or equivalent? Please provide details**.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Title of Course** | **Commencement date of the programme of study** | **Award** | **Date of Award** |
|  |  |  |  |  |

1. **MOTIVATION**

Please explain in a few short sentences (max. 200 words) why you wish to take the course.

1. **REFEREES**

Name two people whom the Anatomical Society can consult in confidence about your application. One should normally be a tutor or other member of the academic staff of the university or college at which you studied and the other, your most recent employer. Please say if your referees know you by another name; for example, women using a married name should indicate whether their maiden name should be quoted when referees are approached.

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| --- | --- | --- | --- |
| 1 Name |  | 2 Name |  |
|  |  |  |  |
| Address |  | Address |  |
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|  |  |  |  |
| Telephone |  | Telephone |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Email |  | Email |  |
|  |  |  |  |
| Position held |  | Position held |  |

**C. PAYMENT**

**An invoice will be sent to you after acceptance on to the programme. Once you have paid your fees, can you please e-mail the Anatomical Society Treasury:** [**treasurer@anatsoc.org.uk**](mailto:treasurer@anatsoc.org.uk) **with the relevant details (i.e. who is making the payment and the bank reference).**

Anatomical Society members may apply for an annual bursary of up to £400 per module (up to a maximum of two years) towards the fees and cost of the Programme. The Bursary Application Form is available on the Society’s website: <http://www.anatsoc.org.uk/Awards/GrantsandPrizes/AnatomyTrainingProgramme.aspx>

**D. FURTHER INFORMATION**

*This information is to help The Anatomical Society ensure that appropriate services are provided at the applicant’s host institution. It will not be used for the purposes of selection.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you any additional requirements that might affect your study? | No |  | Yes |  | Please tick *one* box |
|  |  |

If so, please enclose a separate letter giving details.

I understand that the information I provide will be treated as confidential by the Anatomical Society and will be made available to Anatomical Society staff and to agents of the Anatomical Society as appropriate, solely for the purpose of providing me with appropriate facilities and for statutory purposes. I hereby consent for the information to be processed for this purpose.

The information you provide will be held on Anatomical Society databases. It will be used for relevant Society mailings and used to process your application and stored in accordance with the Data Protection Act 1988 and subsequent legislation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I consent to the data included in this submission being collected processed and stored by the Anatomical Society | No |  | Yes |  | Please tick *one* box |

The Anatomical Society reserves the right to withdraw any offer made on the basis of information that proves to be untrue or misleading.

All Programme material in whatever form/format is for the trainee’s sole use and is protected by the appropriate legislation and best practice. Material where used by a trainee must be fully referenced and acknowledged.

**Please make sure that you have completed ALL SECTIONS of the application form and return the form to the e-mail address at the top of the form by 1 August 2024 to join the programme for 2024-25**. In order to be considered for the Programme, please **E-MAIL** the application form as detailed above.

|  |  |  |
| --- | --- | --- |
| Applicant’s Signature |  | Date |
|  |  |  |

*File: ATP-Application Form-2024-25-v1 - 06062024*