|  |  |
| --- | --- |
| **Professional Registration Number (name of body and registration number e.g., HCPC/GMC 1234567)** |  |
| **Clinical speciality or profession** |  |
| **Current training stage or nearest equivalent (foundation, speciality registrar with grade, consultant)** |  |
| **Completion of training date** |  |
| **Royal College Examination, with name of exam and date or anticipated date** |  |
| **Do you intend to be clinically active during or after the fellowship** |  |
| **Will you seek an honorary clinical contract** |  |
| **The percentage of your time you will spend on clinical duties, you may spend up to 20% of your time on clinical duties as part of a full-time fellowship (2 clinical sessions a week)** |  |
| **The percentage of this time that will have direct relevance to your proposed work** |  |

Complete the table below and paste into the TFS text box