**EXPRESSION OF INTEREST FORM**

# **Postgraduate Certificate in Healthcare Education**

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| **APPLICANT NAME:** | **EMAIL:** |
| **JOB TITLE:** | **\*START DATE (if RBHNFT employee):** |
| **\*PERMANENT POSITION IN TRUST?****(if RBHNFT employee)** |
| **DEPARTMENT:** | **OFFICE PHONE:** |
| **MOBILE PHONE:** |
| **AFC BAND (IF APPLICABLE):** | **LINE MANAGER ROLE AND NAME** |

**Please be sure you can commit to the expectations of the study time before applying, including the 10 compulsory attendance taught days.** There are three modules, EDM186: October-December, EDM185 January-March and EDM187 April-June. Each module has a **time commitment of 200 hours** and is made up of face-to-face teaching (3 days); independent study, including wider reading (independent and directed); preparation tasks for the taught days; completion of formative assessment task; summative assignment preparation and reflection**.** Each week students will be given tasks they are expected to complete. Attendance at the taught days is **compulsory**. In essence there is a high workload of self-directed study.

We have more applicants than places. All applications are scored by a panel, regardless as to whether the place is funded or not. Therefore, the quality of this form matters.

1. **What relevant experience – both educational, academic and professional - do you have that is relevant to your attendance on this programme? (200 words)**
2. **Tell us about your current role and the educational projects you lead, demonstrating complexities or challenges. (250 words)**
3. **State why you should have a place on this programme – and why now? (150 words)**
4. **Following completion of the programme you may wish to complete an education project in pursuit of your Trust’s or Organisation’s strategic aims. If you are currently working on a project, please describe it here. If not, is there a particular project you would want to work on? (150 words)**
5. **What will be different for you, your team and your part of the organisation as a result of you undertaking this programme? How will you know you have made a difference? (200 words)**
6. **What additional support do you need (if any) to participate in this programme?**

# To be completed by the Line Manager.

I support/do not support this application

*(delete as applicable)*

Please give your reasons:

SIGNED (LINE MANAGER):

Date / /

# To be completed by the Applicant

(For employees of the Royal Berkshire NHS Foundation Trust who receive funding towards their place, they undertake to stay in the employment of the Royal Berkshire NHS Foundation Trust for the duration of the programme).

SIGNED (APPLICANT)

Date / /

**Closing date for applications 5pm 6 May 2024**

**Please send to:** MedicalEducationEnquiries@royalberkshire.nhs.uk, with **PGCert HE application** in the subject line of the email.