**3D Application Form**

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| Title | First Name | Surname |
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| GMC/GDC/GPC Number | Health Board | Role and Specialty |
|  |  |  |
| Home Address | Telephone Number | Email |
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This information is for administrative staff only. The anonymised section of your application form below will be forwarded to the selection panel.

Please complete all questions below.

We will use this information to select the cohort for the forthcoming year. 3D is a multi-professional programme and we take great pride in ensuring there is a diverse mix within the group. We take this into consideration during the selection process to ensure fair access for healthcare professionals across Wales.

Application Number \_\_\_\_\_\_\_ (For office use only)

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| Project title: |

1. Could you describe your project and details of any benefits/added value to your patients/organisation and the NHS in general? (Maximum 500 words)

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1. We appreciate many applicants are very busy in their current roles. How do you intend to organise your time to be able to undertake the work required?

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1. How will you know you are making the right progress?

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1. What personal attributes do you have that will help you deliver the project aims?

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1. What personal developments are you hoping to achieve from attending this course?

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1. Do you have any personal aspirations for developing lead roles within your organisation and the NHS in general in the future?

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