

### PHILLIP VASYLI AWARD ROYAL COLLEGE OF PODIATRY



### FOR PODIATRIC SPORTS MEDICINE 2023

APPLICANT INFORMATION									
	NFORI								
Title:		Surname:							
Forenames:			1						
Gender:			Date of E	Birth:					
Nationality:									
Home Address:									
Present Employer (or most recent):									
Work Addres	s:								
QUALIFICATI	ONS								
Under-graduate degree and name of Institution (Photocopy of the certificate required)									
Post-graduate degree and name of Institution (Photocopy of the certificate required)									
Fellowship/Membership of any professional body (Photocopy of the certificate required)		ship							
HCPC No.									
RCPod No.									
JOB PLAN (y	our wo	rking week	<b>(</b> )						
	МО	NDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY		
AM									
PM									
Other comments regarding your weekly work schedule									



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PLEASE ANSWER THE FOLLOWING QUESTIONS. WORD LIMIT 100									
Q1. Describe yourself.									
Q2. What is your knowledge of Podiatric Sports Medicine?									
Q3. Are you a team player? Give some examples.									
Q4. What are your strengths and weaknesses?									
Q5. Why do you think we should give this award to you?									
Q6. Please add any other information that you may want us to consider in support of the award.									
CHECK LIST – please provide photocopies									
CURRENT CURRICULUM VITAE	BSc(Hons) Podiatric Medicine								
PROOF OF RESIDENCY IN UK	Post-graduate qualifications								
HCPC Registration	Membership/Fellowship of professional Institution/s								
RCPod Insurance	2 References from either current employer or, a University Academic.								
FOR OFFICE USE ONLY									



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#### FOR PODIATRIC SPORTS MEDICINE 2023

SICNATURE	OF THE ADDITIONAL									
SIGNATURE OF THE APPLICANT										
I confirm that the information I have provided is accurate account to the best of my knowledge.										
Name										
Signature		Date								
Signature		Date								
TERMS & CONDITIONS										
PLEASE RE	AD THIS SECTION CAREFUL	.LY								
(1) Applicant	: has graduated with minimum	BSc (Hons)	in Podia	tric Medicine.						
<ul><li>(1) Applicant has graduated with minimum BSc (Hons) in Podiatric Medicine.</li><li>(2) Must be either a Member or a Fellow of the Royal College of Podiatry.</li></ul>										
` '	HCPC registered.									
	riculum Vita is required.			and Anadana						
	references from either curren mum award we will offer is £1,		or, Univ	ersity Academic.						
			en date	and time. Any cost incurred will be the						
	pility of the applicant.									
		_	-	ear as the award. Failing to do so may						
	_			will be at the discretion of either Chair or						
	Chair of the Specialist Advisory	•		•						
(9) The applicants should ensure that they will be able to complete their chosen qualification in Podiatric Sports Medicine. All fees will be repayable to the Royal College in the event the course is not										
completed.										
DECLARATION: I accept and will abide by the terms and condition										
Name										
Signature			Date:							