

PHILLIP VASYLI AWARD ROYAL COLLEGE OF PODIATRY FOR PODIATRIC SPORTS MEDICINE 2024



APPLICANT INFORMATION							
Title:		Surname:	:				
Forenames:							
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							
	MO	NDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							
Other comme	ents reg	arding yo	ur weekly wo	ork schedule			





PLEASE ANSWER THE FOLLOWING QUESTIONS. WORD LIMIT 100 Q1. Describe yourself.					
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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?					
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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 aw	ard.			
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		ard.			
Q6. Please add any other information CHECK LIST – please provide photoc CURRENT CURRICULUM VITAE		ard.			
CHECK LIST – please provide photoc	opies BSc(Hons) Podiatric Medicine	ard.			
CHECK LIST – please provide photoc CURRENT CURRICULUM VITAE PROOF OF RESIDENCY IN UK	opies BSc(Hons) Podiatric Medicine Post-graduate qualifications	ard.			
CHECK LIST – please provide photoc CURRENT CURRICULUM VITAE	opies BSc(Hons) Podiatric Medicine	ard.			
CHECK LIST – please provide photoc CURRENT CURRICULUM VITAE PROOF OF RESIDENCY IN UK	opies BSc(Hons) Podiatric Medicine Post-graduate qualifications Membership/Fellowship of professional	ard.			



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SIGNATURE OF THE APPLICANT						
I confirm that the information I have provided is accurate account to the best of my knowledge.						
Name						
Signature		Date				

TERMS & CONDITIONS

PLEASE READ THIS SECTION CAREFULLY

- (1) Applicant has graduated with minimum BSc (Hons) in Podiatric Medicine.
- (2) Must be either a Member or a Fellow of the Royal College of Podiatry.
- (3) Must be HCPC registered.
- (4) A full Curriculum Vita is required.
- (5) Provide 2 references from either current employer or, University Academic.
- (6) The maximum award we will offer is £1,500.00.
- (7) Be able to attend for an interview via Zoom on a given date and time. Any cost incurred will be the responsibility of the applicant.
- (8) Successful applicant will start the course during the same year as the award. Failing to do so may result in the award being withdrawn and, the final decision will be at the discretion of either Chair or the Vice Chair of the Specialist Advisory Group for Podiatric Sports Medicine.
- (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:			