

Application Form – Anatomical Society Anatomy Training Programme 2019-2020

You should read 'How to Apply' and the 'Brief Module Overview Documents' on the website at http://www.anatsoc.org.uk/Education/AnatomyTrainingProgramme.aspx or under 'Education' and 'Anatomy Training Programme' before you apply. All sections of the form must be completed. Please return your completed application form BY E-MAIL to the Anatomical Training Programme Management Board c/o maryanne.piggott@kcl.ac.uk.

Deadline for receipt of the Application Form is 1 August 2019 if you intend to join the programme commencing 1 September 2019.

IMPORTANT:

Registration on the Programme or distribution of the module material will only be completed on receipt of the Training Programme fee OR with a note from your institution stating that they will pay the full fee (to be sent to the Honorary Treasurer of the Society – see below).

A. ABOUT YOU

1. APPLICANT'S DETAILS

	Contact Address
Title: (Dr/Mr/Mrs/Miss/Ms, etc.)	
First names in full	
	Postcode
Preferred first name	
	Telephone number (including code) Ext
	Day
Surname/family name	Eve
	Email address
Your date of birth (example 23 March 1975)	
Day Month Year	
Country of residence	
Nationality	

2. UNIVERSITY/COLLEGE EDUCATION AND PROFESSIONAL QUALIFICATIONS

From month/year	To month/year	University/college attended	Full-time Part-time	Subjects read	Qualifications	Dates and classes of awards
If any of y	our qualificat	tions were obtained under a	name differ	ent from the one given i	n Section 1, ple	ase
First name	е		Surname			
3. P	RIZES, SCH	OLARSHIPS OR DISTINC	TIONS			

4. EMPLOYMENT

From month/year	To month/year	Position held and place of work	Name and address or employer

5. FACILITIES Please state the teaching/ research facilities (e.g. library, electronic resources, laboratory, cadaveric material) you will be using and the name and address of the institution(s) where they are located. Indicate against each whether or not you already have access to these facilities (e.g. as an employee of the institution).					
	LICANT'S MENTOR e agreement from a person willing to act as his/her mentor (nor n institution) before applying for the course. Please ask your n				
Title (Professor/Dr, etc.)					
First name(s)					
Surname					
Institution name					
Institution Address					
Postcode					
Telephone number (inclu	ding code)				
E-mail address					
Signature					
Date					
7 LINE MANAGER/F	IFAD OF DEPARTMENT APPROVAL				

The applicant must have the agreement of his/her line manager or departmental head before applying for the course. Please ask your line manager/head of department to complete this section.

Title (Professor/Dr etc.)	

First name(s)								
Surname								
Institution name								
Institution Address]	
							-	
Postcode								
Telephone number	r (inclu	dina code)						
E-mail address	(3 ,						
Signature								
Date								
8. FURTHER S Are you undertaking of Education of equivale	or have			tudy fo	r a Postgradua	ite Certifi	cate in High	er
Institution		Title of Co	urse	d p	Commenceme late of the programme of		rd	Date of Award
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Institution 9. REFEREES		Title of Co	urse	d p	late of the programme of		ırd	
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9. REFEREES Name two people which should normally be a studied and the other for example, women	tutor o , your using a	e Anatomical S r other memb most recent e a married nam	Society can co per of the acad employer. Plea	onsult indemic sase say	n confidence a staff of the univ	bout your	r application college at w	. One hich you er name;
9. REFEREES Name two people when should normally be a studied and the other for example, women when referees are ap	tutor o , your using a	e Anatomical S r other memb most recent e a married nam	Society can co per of the acad employer. Plea	onsult indemic sase say	n confidence a staff of the universe their ma	bout your	r application college at w	. One hich you er name;
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Email	Email	
Position held	Position held	

B. PROGRAMME OPTIONS FOR APPLICANTS BEGINNING SESSION 1 SEPTEMBER 2019

1. PLEASE INDICATE WHICH MODULES YOU WILL BE UNDERTAKING:

You may apply for a single module, two per year, the whole Programme, or any subset.

MODULE CODE	TOPIC	YEAR	CREDITS	FEE (£)	RESIDENTIAL SCHOOL (compulsory)	INTENDED MODULES (please tick applicable)
ATP3	Trunk	2019/20	20	250	July 2020	
ATP4	Neuroanatomy	2019/20	20	250	July 2020	
ATP1	Limbs	2020/21	20	250	July 2021	
ATP2	Head and Neck	2020/21	20	250	July 2021	
ATP1	Trunk	2021/22	20	250	July 2022	
ATP2	Neuroanatomy	2021/22	20	250	July 2022	

The fee includes tuition costs and course material, but <u>does not</u> include travel expenses, accommodation or meals on the Residential Programmes. The Society reserves the right to amend the fees for future courses. Successful completion of all modules will lead to the award of a Programme Certificate. Successful completion of a module will lead to the award of a Module Certificate.

2. RESIDENTIAL SCHOOL

Please note that attendance at the relevant Residential School(s) is normally compulsory. To help or	ur
planning, please indicate whether you will require accommodation, and if you have any dietary requirement	ts
(or any other requirements we should know about).	

Accommodation	
Dietary requirements	

3. PAYMENT

Payment for the Anatomy Training Programme should be in pounds sterling (£) to the following account:

Bank name: Coutts & Co

Bank account: Anatomical Society

Bank account number: 00469750

(or IBAN: GB46 COUT 1800 0200 4697 50)

Sort code: 18-00-02

NB: Please quote 'TrainProg_Surname_First name' as your reference. Once you have paid your fees, can you please e-mail the Anatomical Society Treasury both e-mails to both addresses: anatomicalsocietytreasurer@gmail.com and deputytreasurer@anatsoc.org.uk with the relevant details (i.e. who is making the payment and the bank reference).

Anatomical Society members may apply for an annual bursary of up to £350 per module (up to a maximum of two years) towards the fees and cost of the Programme. The Bursary Application Form is available on the Society's website: http://www.anatsoc.org.uk/Awards/GrantsandPrizes/AnatomyTrainingProgramme.aspx

C. FURTHER INFORMATION

File: ATP-Application Form-2019-21-v4- 260619

1. FURTHER INFORMATION	
This information is to help The Anatomical Society ensure applicant's host institution. It will not be used for the purpo	
Have you any additional requirements that might affect y study?	vour No Yes Please tick one box
If so, please enclose a separate letter giving details.	
I understand that the information I provide will be treated a be made available to Anatomical Society staff and to ager for the purpose of providing me with appropriate facilities information to be processed for this purpose.	nts of the Anatomical Society as appropriate, solely
The information you provide will be held on Anatomical Somailings and used to process your application and stored and subsequent legislation.	
I consent to the data included in this submission being coprocessed and stored by the Anatomical Society	ollected No Yes Please tick one box
The Anatomical Society reserves the right to withdraw any to be untrue or misleading.	y offer made on the basis of information that proves
All Programme material in whatever form/format is for the appropriate legislation and best practice. Material where u acknowledged.	
Please make sure that you have completed <u>ALL SECT</u> form to the e-mail address at the top of the form by 1 2018-2020. In order to be considered for the Programme, above.	August 2018 to join the programme for
Applicant's Signature	Date