# Forensic and Medical Examination for Rape and Sexual Assault Course (FMERSA)

Application Form

Saint Mary's Centre

## Please complete ALL sections using black ink in BLOCK CAPITALS.

**1**

### Your Personal Details:

Title:____ Surname: _____

First Names: _____

Mobile No: _____

E-mail: _____

Country of Residence: _____

Doctor's GMC No: _____

First Language: _____ Nurse's NMC No: _____

Dietary Requirements: _____ Other professional No:_____

**2** ## Key professional qualifications – scans of certificates should be attached

| Type | Subject | Institution/Awarding Body | Date |
|---|---|---|---|
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**3**

### Present Employment

Brief description of duties and responsibilities:

Employer: _____

Position: _____

Date Started: _____

Address: _____

_____

_____

E-mail: _____

## 4 Previous Employment

| Employer | Position | Nature of Work | Date |
|---|---|---|---|
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## 5 Reference:

Referee Name: _____

Position: _____

Place of Work: _____

Relationship to Applicant: _____

Length of time known to you: _____

Email: _____

*Please ask the referee to sign this document to say they recommend you for this course.*

_____

## 6 Personal Statement

*Please detail below a statement of your reasons to study on this course, and include any further information you feel may support your application.*

## 7 Attendance

I will attend...

Module One ☐
Module One & Two ☐

*Please also complete the attached payment details form*

Which course year are you applying for? _____

8

Do you have any additional needs or disability that you would like us to be aware of?

Is there anything we could do to help support you get the most from the course?

## Data Protection Declaration

The information contained in this application will be used for the purpose of processing your application. All data will be held and processed in accordance with the requirements of the UK General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018 (DPA) or current legislation. The data stored will be used only in matters related to your course.

## Declaration

I confirm that the information given on this form is true, complete and accurate.

| Signature: | Date: |
|---|---|

**Please return this form and the completed payment details form to "FMERSA", josh.edgar@mft.nhs.uk**

**Please ensure you have fully completed the form and attached**

1. Scanned copies of:

   - Key professional qualifications certificates

2. Payment Details Form