



APPLICATION FORM FOR MEMBERSHIP WITH LRDP P1

Please read carefully and check that you have completed the application form in full and send to programme@lrdp.org.uk along with **copies of all** documents required.

PERSONAL DETAILS

Title: Dr / Mr / Mrs / Miss / Other	Gender: Male / Female / Other
First Name:	Middle name (s):
Other name (s):	Surname (family name):
Date of Birth:	Country of Birth:
Male/Female/prefer not say:	Marital status:
Address Line 1:	Address Line 2:
Town / City:	Post Code:
Telephone no:	Mobile no:
Email address:	
First Language / Mother tongue:	Other spoken languages:
Specialty (including General Practice):	

Immigration details:

Asylum Seeker Refugee Other – please state

Date of arrival in the UK (day / month / year) / /

Do you have permission to work in the UK? Yes No

National Insurance No (if applicable):

DOCUMENTS REQUIRED:

Please ensure you have enclosed the following documents for us to process your initial application:

1. An updated CV to include the following information:
 - a. Your medical degree, university, date of qualification
 - b. Further degree qualification
 - c. Details of your Internship
 - d. Specialist training completed
 - e. Medical experience

Lincolnshire Refugee Doctor Project CIC



- f. Membership of professional bodies, particularly in the UK or European countries
 - g. Counties in which you have stayed more than 3 months since leaving your home country
 - h. Your home office status (particularly leave to remain and permission to work)
 - i. Previous attempts to pass IELTS/OET
 - j. Previous attempts to pass PLAB
 - k. Previous membership of other Refugee Health Professional programmes in the UK
 - l. Membership of the BMA Refugee Doctor initiative
2. Copy of your Professional Qualifications, including any taken in the UK (plus English translation if not in English)
 3. Copy of internship details
 4. Copy of your home office letter/ID card
 5. Copy of your IELTS or OET Certificate (if taken)
 6. Copy of your PLAB letter (if taken)

How did you hear about Lincolnshire Refugee Doctor Project?

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By signing this form, you give us permission to store your details on our files, to be used in accordance with the Data Protection Acts 1988, 1998, 2003 and 2018.

Signature: Date:

Print Full Name: