**Application form for UK DCTN Nurse or Pharmacist Fellowship Award**

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| **Name** |  |
| **Work address** |  |
| **Current role** |  |
| **Please tell us about yourself and why you are interested in dermatology research**  (300 words max, all boxes expand to fit) |  |
| **Do you have any research experience (as part of a role or a higher degree/post-graduate course)?**  (Yes/No) |  |
| **If yes please give details here**  (300 words max, all boxes expand to fit) |  |
| **Why would you like to be awarded this**  **UK DCTN Fellowship?**  (300 words max, all boxes expand to fit) |  |
| **What do you hope to achieve from the Fellowship in both the short and long term?**  (300 words max, all boxes expand to fit) |  |
| **Supporting information**  If there is any other information you feel would support your application, please enter here.  (300 words max, all boxes expand to fit) |  |
| **Referees**  Please provide the names and contact details, including e-mail addresses, for two referees to support your application. |  |