**Observership and Placement Application Form**

Observerships and placements are available at the Royal National Orthopaedic Hospital, Trinity Laban Health, Royal United Hospital Bath or Birmingham Royal Ballet’s Jerwood Centre for the Prevention and Treatment of Dance Injuries.

**Please complete the below application and return by email to** [**manager@nidms.co.uk**](mailto:manager@nidms.co.uk)

Title:

Name:

Address:

Phone: Mobile:

Email: Website:

Current Course (if applicable):

Current professional registration:

**Preferred placement location:**

1st:

2nd:

3rd:

**Length of requested placement (min 4 weeks):**

**Dates of requested placement:**

**Professional Qualifications:**

Name of Qualification (eg BSc,MSc):

Course Title (e.g. Physiotherapy):

Length of the Course (e.g. years/months/weekend(s)/days):

Date Awarded:

Awarding Body (e.g. University/College):

Name of Qualification (eg BSc,MSc):

Course Title (e.g. Physiotherapy):

Length of the Course (e.g. years/months/weekend(s)/days):

Date Awarded:

Awarding Body (e.g. University/College):

Name of Qualification (eg BSc,MSc):

Course Title (e.g. Physiotherapy):

Length of the Course (e.g. years/months/weekend(s)/days):

Date Awarded:

Awarding Body (e.g. University/College):

**Career History:**

Please include voluntary and paid positions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From | To | Name/address of employer | Position held and responsibilities | Reason for leaving |
|  |  |  |  |  |

**Please explain why you are interested in a placement within a dance medicine environment including any relevant experience:**

**Please provide an outline of your intended learning goals for this placement:**

**Please provide any further information you think is relevant to your application including professional development:**

**Please provide 2 referees, one of which must know if you in a professional capacity:**

**Signed:**

**Date:**