

**Registration Form**

| **Academic Clinical Fellow (ACF) name** |  |
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| **ORCiD ID** |  |
| **Academic Supervisor** |  |
| **Academic Programme Lead & Advisor** |  |
| **Training Programme Director** |  |
| **Proposed title or focus of ACF research project** |  |

| ***Please confirm that you have received a copy of the ACF handbook and are aware of the monitoring schedule:***  |
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| ***Please confirm that you have discussed the academic training requirements of the NIHR ACF programme with your ACF (see attached handbook) and have agreed a timetable for attendance at the compulsory training events.***  |
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| ***Most ACFs register for the MRes (Medical Sciences) programme. If your ACF is not on the MRes programme please indicate the specific training needs that your ACF will require for the proposed project and how these needs will be met.***  |
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