**SIMULATED PATIENTS APPLICATION FORM**

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| A. PERSONAL DETAILS |
| Surname:  |  | First Name: |  | Middle Name: |  |
| Nationality: |  | Gender: | Male [ ]  Female [ ]  |
| Year of Birth: |  | Right to work in Cyprus:  | YES [ ]  NO [ ]  |
| B. CONTACT DETAILS |
| City: |  |
| E-mail: |  |
| Mobile: |  |
| C. SKILLS |
| English fluency: | Basic [ ]  Average [ ]  Good [ ]  Fluent [ ]   | Any other language(s): |  |
| Acting Training: | Professional Training [ ]  Amateur Dramatics [ ]  No Training [ ]   |
| Available Start Date: |  |
| D. OTHER |
| Would you be willing to be physically examined by our students:  | YES [ ]  NO [ ]  |
| Could you please indicate whether you have any scars, missing finger, etc. as this is important when choosing the appropriate SP for a particular Scenario: |  |
| For Female Applicants only:Would you be willing to attend Clinical Skills Sessions which consist of intimate examination (i.e Breast Examination)For Male Applicants only:Would you be willing to attend Clinical Skills Sessions which consist of a male catheterization examination (on mannequin) | YES [ ]  NO [ ]  |
| E. I confirm that the information given in this form is true, complete and accurate. |
| Date: |  | Signature: |  |