**SIMULATED PATIENTS APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | | |  | |