**Expression of Interest Form**

**Instructions:**

Please complete the following form and email it to: reache@manchester.ac.uk

Ensure your supporting documents are attached and labelled as instructed.

|  |  |
| --- | --- |
| Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth |  |  |  |
|  | *dd* | *mm* | *yyyy* |

|  |  |
| --- | --- |
| Email address |  |

|  |  |  |
| --- | --- | --- |
| Medical profession*(delete as appropriate)* | Doctor | Nurse |

|  |  |  |  |
| --- | --- | --- | --- |
| When did you last work in your profession? |  |  |  |
|  | *dd* | *mm* | *yyyy* |

|  |  |
| --- | --- |
| UK immigration status |  |

|  |  |  |
| --- | --- | --- |
| Do you have permission to work?*(delete as appropriate)* | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| If so, when was this permission granted? |  |  |  |
|  | *dd* | *mm* | *yyyy* |

|  |  |
| --- | --- |
| Where do you live? |  |

|  |  |  |
| --- | --- | --- |
| Do you have any English qualifications?*(delete as appropriate)* | Yes | No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| IELTS score |  | Date |  |  |  |
| OET score |  | Date |  |  |  |
| UK ESOL level |  | Date |  |  |  |
| Other English studies |  | Date |  |  |  |
|  |  |  | *dd* | *mm* | *yyyy* |

**For doctors**

Please submit your answers as well as:

1. Your CV showing all your qualifications and employment history.
2. An English-language copy of your Primary Medical Qualification.
3. Proof of your internship.

**For nurses / midwives**

Please submit your answers as well as:

1. Your CV showing all your qualifications and employment history.
2. Your nursing qualification, stating the language in which you studied your degree.
3. Evidence of registration in the country where you qualified.

**Please save each document with your full name and the title. For example, [Your name] Qualification / [Your name] CV.**

**Please send your completed form to:**

**reache@manchester.ac.uk**