**Application to participate in EPOSSOMSevern Deanery Schools Logo**

**eCancer and Severn Deanery collaboration**

**Online Learning Modules**

|  |  |
| --- | --- |
| **Name** |  |
| **Contact Phone Number** |  |
| **Contact Email** |  |
| **Current CT/ST year and declaration of speciality if any** | **CT year**  **ST year** |
| **Previous Medical Educational Activity**, eg Certificate in MedEd or education projects  **Have you done a Cochrane review?** |  |
| **Other projects completed in past** eg research and others activity |  |
| **Why do you want to be involved specifically in this project?**  **Preference of module subject** | Breast or Colorectal or No preference (delete as needed) |

Please also send an up to date CV to confirm activity, and skills, to Chad.Elliott@southwest.hee.nhs.uk