

Application Form (EESW)

***Before you can apply to attend EESW you need to confirm the following:***

Is it at least five years since your first approval as ES?

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| **Your Name** |  |
| **Your Region** |  |
| **Your GMC No** |  |
| **Year of your first ES Approval**  |  |
| **Your Email address** |  |
| **Your Practice Address** |  |
| **Your Tel No:** |  |
| **Your Training Programme Director** |  |

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| **Please briefly describe why you want to participate in EESW at this time?** |
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***Please email your application form to your regional admin team at:***

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| **East Regional Office** | Bryan.Ewington@nes.scot.nhs.uk | 0131 650 9064 |
| **North Regional Office** | Lorna.McDermott@nes.scot.nhs.uk | 01463 255710 |
| **South East Regional Office** | Bryan.Ewington@nes.scot.nhs.uk | 0131 650 9064 |
| **West Regional Office** | Emily.watt@nes.scot.nhs.uk | 0141 223 1453 |

***Confirmation of application approval will be sent by email. Only when this has been received, should you book a place on EESW via the*** [FDA IT platform](https://www.knowledge.scot.nhs.uk/home/portals-and-topics/fda.aspx)