



EXPRESSION OF INTEREST

Name	First Name	
	Middle Names(s)	
	Surname [Family Name]	
Address	House Name/Number	
	Street	
	Village/Area	
	Town/City	
	Postcode	
Telephone	Landline	
	Mobile	
Email address		
Gender	Male/Female/prefer not to say	
Date of Birth	dd/mm/yy	
Medical Degree	University	
	Year of qualification	
Other Degrees	University	
	Year of qualification	
	University	
	Year of qualification	
Specialty	including General Practice	
Refugee status	I confirm that I have been granted refugee status Yes/No [date of leave to remain]	
Medical Experience		

Lincolnshire Refugee Doctor Project CIC is a non-profit Community Interest Company with a connection to BMA Charities, a funding body with experience supporting refugee doctors. We are currently seeking expressions of interest in becoming a member of our programme, and although we are not yet able to recruit doctors who are refugees, we are hopeful that might be possible within a few months.

By signing this form, you give us permission to store your details on our files, to be used in accordance with the Data Protection Acts 1988, 1998, 2003 and 2018.

Signature

Date