Expression of Interest Form

Reache
Refugee & Asylum Seekers Centre for Healthcare Professionals Education

Instructions:

Please complete the following form.

Take a photo of the form and email it to: **joiningreache@manchester.ac.uk**

Ensure your supporting documents are attached and labelled as instructed.

1. Name: ..... DOB: .....
2. Email address: .....
3. Medical profession: Doctor ☐
4. Date you last worked in your profession: .....
5. Do you have permission to work? YES ☐ NO ☐
6. Immigration staus: .....
7. Name of the town or city where you live: .....
8. Do you have any English qualifications? YES ☐ NO ☐

   IELTS score: ..... Date: .....

   OET score: ..... Date: .....

   UK ESOL level: ..... Date: .....

   Other English studies: ..... Date: .....

DOCUMENTATION REQUIRED

Please submit your answers as well as:

A. Your CV showing all your qualifications and employment history.
B. Your Primary Medical Qualificiation.
C. Proof of your internship.
D. Evidence of immigration status.

Make sure each document is saved with your full name and the title
e.g. Full Name - Qualification / Full Name - CV.

SEND YOUR COMPLETED FORM TO:
JOININGREACHE@MANCHESTER.AC.UK