



SIMULATED PATIENTS APPLICATION FORM

A. PERSONAL DETAILS					
Surname:		First Name:		Middle Name:	
Nationality:		Gender:	Male ☐	Female ☐	
Year of Birth:		Right to work in Cyprus:	YES ☐	NO ☐	
B. CONTACT DETAILS					
City:					
E-mail:					
Mobile:					
C. SKILLS					
English fluency:	Basic ☐ Average ☐ Good ☐ Fluent ☐		Any other language(s):		
Acting Training:	Professional Training ☐		Amateur Dramatics ☐	No Training ☐	
Available Start Date:					
D. OTHER					
Would you be willing to be physically examined by our students:			YES ☐ NO ☐		
Could you please indicate whether you have any scars, missing finger, etc. as this is important when choosing the appropriate SP for a particular Scenario:					
<u>For Female Applicants only:</u> Would you be willing to attend Clinical Skills Sessions which consist of intimate examination (i.e Breast Examination) <u>For Male Applicants only:</u> Would you be willing to attend Clinical Skills Sessions which consist of a male catheterization examination (on mannequin)			YES ☐ NO ☐		
E. I confirm that the information given in this form is true, complete and accurate.					
Date:		Signature:			