UNIVERSITY of NICOSIA | MEDICAL SCHOOL

SIMULATED PATIENTS APPLICATION FORM

A. PERSONAL DETAILS					
Surname:		**First Name:**		**Middle Name:**	
Nationality:		**Gender:**	Male ☐ Female ☐		
Year of Birth:		**Right to work in Greece:**	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:**			

Please complete and return this form via email to: hr@med.unic.ac.cy