**The Corinne Camilleri-Ferrante Award Application Form**

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| --- | --- |
| **Full Name:** |  |
| **Specialty and Grade:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |

**TOPIC:** Medical Education – The Good, The Bad, and the Ugly

Please send applications to AccountManagers.em@hee.nhs.uk by **Friday 10 September**