**Key Information**

* run by CMF in London, England
* 26 January-2 February 2020
* for medical students and young doctors from all over the world
* to equip them for Christian leadership among medical students

The conference is conducted in English, so it is necessary for all delegates to have sufficient English to attend talks and enter into discussions in English without a translator. More information about CMF and SYD 2020 can be found on our website:[www.cmf.org.uk/students/syd1/](http://www.cmf.org.uk/students/syd1/)

**Application instructions**

* Please return completed forms to [sydenham@cmf.org.uk](mailto:sydenham@cmf.org.uk)
* The deadline for applications to be submitted is: 13 September 2019.
* Information about the conference will be updated on our website – but personal correspondence will largely be via email – please ensure your email address is accurate and checked regularly.
* All forms must be filled in by the applicant and written in their own words.
* Please complete all parts of this form, unless a field is labelled optional.

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| PERSONAL DETAILS | | | | | | | | | |
| **Last name:** | |  | | **First name:** | | |  | | |
| **Known as (if different):** | |  | |  | | |  | | |
| **Date of Birth (dd/mm/yy):** | |  | | **Sex:** | | |  | | |
| **Address:**  for correspondence – ensure this is in full and accurate  **Postcode / ZIP code:** | |  | | | | | | | |
| **Country:** | |  | | | | | | | |
| **Please tick below what subject you are studying:** | | | | | | | | | |
| **Medical Student:** |  | **Nursing Student:** | |  | **Other** (please specify)**:** | | |  | |
| **University:** | |  | | | **Year of study:**  (or year of qualification if already qualified) | | | |  |
| **Home telephone:** | |  | | **Mobile telephone:** | | |  | | |
| **Email address:** | |  | | | | | | | |
| **How did you hear about this conference?** | | |  | | | | | | |
| **Is your English sufficient to attend lectures and seminars, and partake in discussion in English without translation?** | | | | | |  | | | |

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| PASSPORTS & VISAS | | | |
| **Nationality:** |  | **Do you require a visa to enter the UK?** |  |
| **Full name as entered on Passport:** |  | | |
| **Passport number:** |  | | |

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| Testimony |
| **Please give a brief account of how you became a Christian and how your faith is part of your life now.** *(200-250 words)* |
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| Christian Medical Ministry |
| **Please give a brief account of your involvement in Christian medical ministry up until now, highlighting any current or proposed leadership roles.** *(200-250 words)* |
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| Vision for your country |
| **In what ways do you feel attending this conference will be beneficial to you and the Christian medical ministry within your country?***(150-200 words)* |
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| FURTHER NOTES |
| **If there is anything else that you would like to tell us, please complete this section:** |
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| REFERENCES | | | |
| **Please supply contact details of TWO referees:**   1. **One should be a church leader, e.g. your Pastor** 2. **The other should be from a leader in your national Christian medical movement (or ICMDA Area/Regional Representative)**   **Where possible your referee should not be a family member or friend. If this is unavoidable please clarify your relationship with the person and why they were chosen as referee.**  **Please ask your referee to fill in the *separate* structured reference form (available on the website), and send it to us *directly*; either by submitting it online, or downloading it from the website and emailing it to:** [**sydenham@cmf.org.uk**](mailto:sydenham@cmf.org.uk)  **References must be received by the application deadline of 13 September 2019.** | | | |
| **Name** |  | **What role does this person have?** |  |
| **Email** |  | **Phone** |  |
| **Name** |  | **What role does this person have?** |  |
| **Email** |  | **Phone** |  |