

Additional Information Form



We recommend that you download and save this file before completing, to ensure that your changes are saved.

Please ensure you submit this with your completed application form.
If completing by hand, please write in BLOCK CAPITALS using black ink.

WORK-BASED HEALTH PROBLEMS

Please specify a work-based health problem which you intend to bring with you to the course and about which you will be seeking evidence. Also give your reasons for wanting to research this question. Please use a maximum of 500 words.

Please continue on a separate sheet if required.