**EMS Application Form**

**2024**

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| **Personal Information** | |
| **Name:** | |
| **University:** | **Date expecting to graduate:** |
| **Email address:** | **Contact phone number:** |
| **Personal statement (*200 words maximum*)** | |
| *Please indicate why you would like to attend EMS at the VMD, and any relevant interests or experience you may have.* | |

***Please email to ems@vmd.gov.uk***