

## Application for Clinical Observerships and Electives

Personal Information			
Surname		Home address	
First name		GMC number (if applicable)	
Title		Type	Provisional or full
Email address			
Mobile number			
IELTS Level (If applicable)			
When will you be available for the placement?	<p style="color: red;">Minimum of 6 weeks' notice is required to organise a placement.</p> From: To: <b>Maximum of 4 weeks</b>		
Are you a United Kingdom, European Community or European Economic Area national? Yes / No			
If no, what is your current immigration status?			
How did you hear about Milton Keynes University Hospital?			

<b>Please state specialty of interest</b>	
Name and job title of consultant supervisor	
Please state your relationship to the supervisor. How do you know about the consultant supervisor?	

Section 2
<b>Please provide reasons for your application:</b>
<b>Please provide details of your training and clinical capabilities:</b>

<b>References will be taken up before attachment begins. Please give details below of two referees who have consented to be approached on your behalf.</b>	
1. Name and address of referee	2. Name and address of referee
Telephone number:	Telephone number:
Email:	Email:
<ul style="list-style-type: none"> <li>• This clinical attachment is observational only and there will be no hands on patient contact.</li> <li>• You understand that whilst on placement you will be subject to the policies, procedures and protocols of the Trust.</li> <li>• Misconduct or poor performance will result in the termination of the placement.</li> </ul>	
Signature:	Date:

<b>Section 3</b>			
<b>MKUH USE ONLY</b>			
Approvals			
Role	Name	Signature	Date
Consultant/Supervisor			
CSU Lead			
Medical Director			

*Please return the signed form to the Post Graduate Medical team*