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| **For official use only:** | **Ref No** | **Date**  **Received**  **:** |

Please write clearly and ENSURE YOU complete all sections in block capitals

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| **Section 1: Personal Details *(THESE DETAILS MUST BE AS PER PASSPORT)*** | | | | | | | | | | |
| Surname |  | | | | | Forename(s) |  | | | |
| Email address | |  | | | | | | | | |
| Sex (M / F) |  | | | | | Nationality |  | | | |
| Date of Birth |  | | | | | Country of Birth |  | | | |
| Please tick the appropriate box: | | | UK/EU/EAA National |  | Non-EU National, with Refugee Status or Exceptional Leave to Remain | | |  | None of these |  |
| I declare that \*I require / I do not require a VISA to enter the United Kingdom to study. (\* delete as appropriate). You require a VISA if you do not hold a passport from the UK, or the EU, or the European Economic Area. | | | | | | | | | | |
| If you require a Visa to enter the UK or are currently subject to Visa restrictions please detail your current immigration status including start date and expiry date of your current visa: | | | | | | | | | | |
| If not British or EEA National, date of most recent entry to the UK: | | | | | | | | | | |

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| **Section 2: education** | | | | |
| Name of University |  | | | |
| Start Date of Degree |  | Expected Graduation date |  | |
| Length of medical degree | YEARS | Have you previously studied in the UK? | | YES / NO |

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| **Section 3: about your elective (minimum notice of 12 weeks is required)** | | | | | | | | |
| Year of study at time of proposed elective (4th, 5th, etc) | | | | | |  | | |
| Are you applying to other UK medical schools for a placement? | | | | | |  | | |
|  | Hospital | | | Specialty | | Intended start date  (DD/MM/YY) | | Intended end date (DD/MM/YY) |
| First Choice |  | | |  | |  | |  |
| Second Choice |  | | |  | |  | |  |
| Third Choice |  | | |  | |  | |  |
| If an informal approach has already been made to a clinician to supervise you, please provide details **(minimum notice of 12 weeks is still required)** | | | | | | | | |
| Supervisor’s name | |  | | | | | | |
| Hospital and Specialty | |  | | | | | | |
| Email address | |  | | | | | | |
| Date informal approach made | | |  | | Date clinician first responded | |  | |

**Please return your completed enquiry form to - 🖰:** [**nhsh.electiveplacements@nhs.scot**](mailto:nhsh.electiveplacements@nhs.scot)

The information provided will be used to establish whether a placement is possible. If there is availability you will then be sent an application form to allow your application to be processed.

## LIST OF HOSPITALS AND SPECIALTIES

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| **BELFORD HOSPITAL,**  Belford Hospital, Fort William, PH33 6BS | *Rural general hospital elective:*  Accident & Emergency  Anaesthesia  General Medicine  General Surgery |
| **CAITHNESS GENERAL HOSPITAL**  Bankhead Road, Wick, KW1 5NS | *Rural general hospital elective:*  Accident & Emergency  Anaesthesia  General Medicine  General Surgery  Obstetrics & Gynaecology |
| **BROADFORD HOSPITAL / BROADFORD HOSPITAL**  High Road, Broadford, Isle of Skye, IV49 9AA | *Rural community elective:*  General Practice referrals  Inpatients  Ambulance cases and walk-in patients  Out of hours emergencies |
| **LORN AND ISLANDS HOSPITAL**  Glengallan Road, Oban, Argyll, PA34 4HH | *Rural general hospital elective:*  Accident & Emergency  Medical  Surgical  Care of the Elderly |
| **NEW CRAIGS HOSPITAL**  Leachkin Road, Inverness, IV3 8NP | Psychiatry |
| **RAIGMORE HOSPITAL**  Old Perth Road, Inverness, IV2 3UJ | *District general hospital elective:*  Anaesthesia  Cardiology  Diabetes & Endocrinology  Emergency Medicine  Gastroenterology  Haematology  Infectious Diseases  Medicine (Acute/General)  Medicine for the Elderly  Neurology  Obstetrics & Gynaecology  Oncology  Orthopaedic Surgery  Paediatrics  Radiology  Renal Medicine  Rheumatology  Surgery (General) |