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

If using pen please 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? |  |
| **Please note that as Western Isles Hospital is a Remote and Rural Hospital your elective will be split between specialties under the 2 headings below. You will not be able to spend your entire elective in one specialty. You may also have the opportunity to spend some time in Paediatrics, ACU, AAU etc. depending on capacities.** |
| **Choice**Please mark 1st and 2nd | **Specialties** | Intended start date(DD/MM/YY) | Intended end date (DD/MM/YY) |
|  | General Medicine: Psychiatry, Obstetrics and Gynaecology, Accident and emergency |  |  |
|  | Surgical: General Surgery, Orthopaedic Surgery, Anaesthetics |  |  |
| Please note any flexibility in start and end dates for your elective: |
| 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).** Name, Specialty, email address: |

**Please return your completed enquiry form to - 🖰:** **caroline.ross7@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.