**A blue and white logo

Description automatically generatedNHS Western Isles**

**APPLICATION FOR CLINICAL OBSERVERSHIP**

**Please complete the application form and return with a copy of your CV and required documentation to** [wi.medrecruit@nhs.scot](mailto:wi.medrecruit@nhs.scot)

**Placements cannot commence until the necessary checks have been undertaken and the applicant has been issued with a letter authorising the placement. Please allow 4-6 weeks for processing.**

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| **Section 1: Personal Details** | |
| **Surname** |  |
| **Forename** |  |
| **Title: Mrs, Mrs, Ms, Miss, Dr, Prof, Other (please specify)** |  |
| **Address (including post code)** |  |
| **E-mail Address** |  |
| **Contact Telephone Number** |  |
| **Professional Qualification/Body** |  |
| **Date Qualification obtained** |  |

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| **Section 2: Details of Current Employment (if applicable )** | |
| **Name of current Employer** |  |
| **Address of current Employer** |  |
| **Position held** |  |

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| **Section 3: Details of Clinical Observership** | |
| **Purpose of Clinical Observership** |  |
| **Dates of Clinical Observership requested** |  |
| **Specialty** |  |

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| **Section 4: Declaration (to be completed by applicant)** | |
| **I hereby confirm that the information which I have given on this form is true and accurate** | |
| **Signature** | **Date** |

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| **Section 5: Document Checklist** |
| **Please ensure the following documentation has been enclosed with your application**   * **CV** * **Copy of Identification e.g. passport or driver licence** * **Copy of Standard Visitor Visa i.e. to allow you to visit UK for the business-related activity of taking up a Clinical observer post** |

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| **Section 6: Authorisation (to be completed by General Manager)** | |
| **I can confirm that the above named applicant:-**   * **Is appropriately qualified and experienced for this position** * **Will be supervised at all times and have ‘no hands on’ contact** * **The photographic ID is a true likeness of the applicant**   **I can confirm that it is appropriate for the above named applicant is to be issued with a Clinical Observership from …………………….. to………………………………..** | |
| **Signature** | **Date** |

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| **Section 7: To be checked/completed by HR** |
| * **CV** □ * **Copy of Identification e.g. passport or driver licence** □ * **Copy of Standard Visitor Visa** □ * **Clinical Observership letter issued** □ |