**Application Form for a Clinical Attachment for Doctors at East Sussex Healthcare NHS Trust**

Please complete this form and return it with your CV and letter of Good Standing

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| --- | --- | --- |
| Surname:  | Forename: | Title: |
| Gender: | Date of Birth: |  |
| Contact Address: | Home Address (if different): |
| Email address:  |
| Phone Home: | Phone Mobile: |
| Nationality: | Immigration status (If applicable) |
| Next of Kin Name (in case of Emergency) : |
| Next of Kin Address: |
| Next of Kin Phone / Email : |
| Name and Country of Medical School from where you graduated: |
| Year of Graduation: |
| Chosen Specialty: |
| Reasons for Wanting this Clinical Attachment: |
| Brief description of your medical background: |
| Have you applied for GMC registration? YES / NOAnd if so, what stage have you reached ? |
| Consultant who has agreed to supervise you : |
| I attach my CV I attach a scan of my passport and visa  I attach a letter of good standing  |
| I am a native English speaker? YES / NO  If no, I have an IELT certificate level 7.5 or above and attach with my application? YES /NO |
| I understand that this Attachment is for observation only  |
| I understand that my Attachment will be subject to a Health Check and HR checks  |
| I understand that the £50 fee is not refundable  |
| Applicants Signature  | Date |

We will endeavour to respond as soon as possible. Please bring your original passport and relevant certificates to your Induction.

Thank you.