**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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 / NO  And 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.