



(if you are BSMS or KCL medical student requesting an elective please contact appropriate UGA directly)

ApplicationFormMedStudentElective v3.docx
2025

DETAILS OF REQUESTED ELECTIVE PLACEMENTSpecialty / department
preferred

Dates (maximum of 4 weeks)

From :

To :

State your learning objectives for this placement?**OFFICIAL DECLARATIONS**

- Your elective placement, if offered, will be subject to the correct information being submitted on this form and your Curriculum Vitae.
- Failure to disclose any relevant facts will render your placement invalid.
- You agree to all the terms set out on this document.

Sign :

Date :

Print name:

Please complete this form and forward together with your CV and letter of recommendation from your Dean of Clinical Studies (Referee) to:- esht.medicalstudentelectives@nhs.net

For more information visit: [Medical Student Electives for International and UK Medical Students – ESHT Medical Education](#)

Due to the volume of requests we receive, we are only able to look at applications submitted from 1st to 31st March each year.