Please write clearly and complete all sections in block capitals

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| **Section 1: Personal Details** | | | | | | |
| Surname |  | | Forename(s) |  | | |
| Date of Birth |  | | Name of University | |  | |
| Passport Number | |  | Passport Place of Issue | | |  |
| Passport Date of Issue | |  | Passport Expiry Date | | |  |

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| **Section 2: contact details** | |
| Permanent Home Address (including postcode) |  |
| Telephone (including country & area code) | Day |
| Evening |
| Mobile |
| E-mail Address |  |
| *Contact details for correspondence (if different to above)* | |
| Contact Address for correspondence  (including postcode) |  |
| Contact telephone (including country & area code) | Day |
| Evening |
| Mobile |
| Contact E-mail Address |  |

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| **Section 3: Next of Kin or Emergency Contact Details** | |
| Name |  |
| Relationship to you |  |
| Contact Address  (including postcode) |  |
| Telephone (including country & area code) | Day |
| Evening |
| Mobile |
| E-mail Address |  |

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| **SECTION 4: ENGLISH LANGUAGE PROFICIENCY**  **(please complete only if native language is not English)** | | | |
| IELTS score |  | Cambridge Certificate  of English (CCE) |  |
| IELTS test date |  | CCE test date |  |
| Other (please give details of recent English Language Proficiency including formal qualifications) | | | |

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| **Section 5: Criminal Records Check** | |
| Are you a member of the Protection of Vulnerable Groups Scheme (PVG) or have Enhanced Disclosure from Access NI or DBS (Disclosure and Barring Service)?  **If YES** please state the disclosure number:  Please enclose a copy of your certificate of membership | YES / NO |
| If you **DO NOT** have membership of any of the above please contact your local Police Constabulary or Department of Justice and request a Letter of Good Standing to confirm that you are not subject to any criminal convictions or investigations. This document must be officially translated into English – please include the original copy with your application. | |

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| **Section 6: the rehabilitation of offenders act 1974 (*Declaration statement)*** | |
| **Note:** The Rehabilitation of Offenders Act 1974 provides for many people who have been convicted of certain criminal offences the opportunity to have no need to refer to these convictions or the circumstances relating to them in the course of their daily lives. Certain convictions can, therefore, be regarded as “spent” after the lapse of a period of years under the terms of the Act. The National Health Service employment for which you are applying is **excluded** in the provisions of the Act unless otherwise stated in the job description. If the post is excluded you are required not to withhold information about convictions which for other purposes are “spent” under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by your employer. Any information given, however, will be completely confidential and will be considered only in relation to the post for which this application form refers. I declare that I have:    (a) No previous convictions  (b) Previous convictions – details of which are given below | |
| Details of previous convictions: | |
| **Signature of Applicant:** |  |

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| **Section 7: CONFIDENTIALITY STATEMENT** | | | | |
| * Information about patients is confidential and members of staff who seek information about patients other than for the performance of their duties or of approved training, or without authority, knowingly communicate or make public in any way, information about the condition, treatment or affairs of patients (including the fact of a person being a patient) will be liable to disciplinary action. * Personal information about members of staff is confidential and members of staff who seek such information about other members of staff other than for the performance of their duties or the approved training or who, without authority, knowingly communicate or make public in any way such information, will be liable to disciplinary action. Members of staff whose duties require them to deal regularly with personal data are under a strict obligation not to divulge such information other than in accordance with the Data Protection Requirements. The Data Protection Act imposes obligations on staff working with personal data processed by computer and these staff will be informed of their responsibilities by their Head of Department. * Information about the business of NHS Forth Valley is confidential and members of staff who seek such information about the business of NHS Forth Valley other than for the performance of their duties or of approved training, or who, without authority, knowingly communicate or make public in any way such information, will be liable to disciplinary action. * Whilst any mitigating circumstances will be considered serious failure to comply with NHS Forth Valley’ confidentiality requirements may warrant removal from your clinical elective post without previous warning. * All employees of NHS Forth Valley are required to conform to the requirements of the “NHS Scotland Code of Practice on Protecting Patient Confidentiality” and the NHS Scotland leaflet “Looking after information: staff awareness”, copies of which are available online.   **DECLARATION**  I have read the above text, the NHS Scotland Code of Practice on Protecting Patient Confidentiality and the NHS Scotland leaflet “ Looking after information: staff awareness”.  I understand and accept NHS Forth Valley’ expectations of me in terms of dealing with confidential information and will conduct myself professionally at all times in terms of NHS Forth Valley policy. | | | | |
| **Name of Applicant (please print)** | |  | **Signature of**  **Applicant** |  |
| **Post** | **CLINICAL ELECTIVE PLACEMENT (MEDICAL STUDENT)** | | | |
| *Although this Statement was specifically designed for employees it applies equally to Bank and Agency Workers, students, volunteers, people on work experience, clinical electives or Honorary Contracts and contractors. Everyone in these categories is required to sign the declaration.* | | | | |

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| **section 8: applicant checklist** |
| **Please ensure all required documents are sent with your application. Incomplete applications will not be processed.**   |  |  | | --- | --- | | 1 x passport photograph enclosed (used for ID/ Access badge) |  | |  |  | | Copy of passport (front cover and front page) enclosed |  | |  |  | | Transcripts of grades or exams passed to date (translated officially into English if applicable) |  | |  |  | | PVG record, enhanced disclosure from AccessNI or DBS Clearance **OR** |  | |  |  | | Letter of good standing from your local Police or Department of Justice (if applicable) |  | |  |  | | Completed Section 10 (University Declaration of Support) |  | |  |  | |

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| **SECTION 9: STUDENT DECLARATION** | |
| I certify that the information given in this application is correct and complete. If I am admitted to undertake a Clinical Elective at NHS Forth Valley to observe NHS Forth Valley Regulations and to ensure payment of any financial liabilities incurred whilst on placement. I agree that NHS Forth Valley may process personal data contained in this form, or other data which the Health Board may obtain from me or other people whilst I am an applicant and student, for any purposes connected with my application or for any other legitimate reason. | |
| **Name of Applicant (please print)** |  |
| **Signature of Applicant** |  |
| **Date** |  |

**Please return your completed form to:**

[**fv.undergraduatemedicaleducation@nhs.scot**](mailto:fv.undergraduatemedicaleducation@nhs.scot)

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| **SECTION 10: UNIVERSITY DECLARATION OF SUPPORT**  **THIS MUST BE COMPLETED AND SIGNED BY THE APPLICANTS DEAN OR SENIOR FACULTY MEMBER OF THE MEDICAL SCHOOL** |
| Name of Student: ………………………………………………………………………   1. The above named is a student at ………………………………………………..   *(please state name of Medical School)* and is in his/her …..….. year of studying Medicine.   1. General assessment of student’s character and conduct: 2. Please comment on the student’s academic ability: *(please circle)*   Below Average Average Above Average   1. Please comment on the student’s clinical ability: *(please circle)*   Below Average Average Above Average   1. This student is proficient in written English? Yes No 2. This student is proficient in spoken English? Yes No |
| **Declaration** |
| I support this application: *(please circle)* with reservation without reservation   |  |  |  | | --- | --- | --- | | Date: |  |  | | Signature: |  | **Official Stamp of Institution**  **or Medical School:** | | Name: |  |  | | Position: |  |  | | University: |  |  | | Address: |  |  | |  |  |  | |  |  |  | | Fax No: |  |  | | Email: |  |  | |