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| **For official use only:** | **Ref No** | **Date Received:** |

If using pen please complete all sections in block capitals

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| **Section 1: Personal Details *(THESE DETAILS MUST BE AS PER PASSPORT)*** |
| Surname |  | Forename(s) |  |
| Email address |  |
| Sex (M / F) |  | Nationality |  |
| Date of Birth |  | Country of Birth |  |
| Please tick the appropriate box: | UK/EU/EAA National |  | Non-EU National, with Refugee Status or Exceptional Leave to Remain |  | None of these | https://www.gov.uk/check-uk-visa |
| I declare that \*I require / I do not require a visa to enter the United Kingdom to study. (\* delete as appropriate). You require a visa if you do not hold a passport from the UK, or the EU, or the European Economic Area. <https://www.gov.uk/standard-visitor/visit-as-an-academic> |
| If you require a visa to enter the UK or are currently subject to visa restrictions please detail your current immigration status including start date and expiry date of your current visa: |
| If not British or EEA National, date of most recent entry to the UK: |

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| **Section 2: education**  |
| Name of University |  |
| Start Date of Degree |  | Expected Graduation date |  |
| Length of medical degree |  Years | Have you previously studied in the UK? |  Yes / No |

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| **Section 3: about your elective (minimum notice of 12 weeks is required)** |
| Year of study at time of proposed elective (4th, 5th, etc) |  |
| Are you applying to other UK medical schools for a placement? |  |
| **Please indicate the department you would prefer and a subspecialty if desired.** |
| **Choice**Please mark 1st and 2nd | **Specialties** | Intended start date(DD/MM/YY) | Intended end date (DD/MM/YY) |
|  | Medicine |  |  |
|  | Surgical |  |  |
|  | Emergency Medicine  |  |  |
|  | O&G |  |  |
|  | Other – (please specify)... |  |  |

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| Please note any flexibility in start and end dates for your elective: |
| If an informal approach has already been made to a clinician to supervise you, please provide details **(minimum notice of 12 weeks is still required).** Name, Specialty, email address: |

**Please return your completed enquiry form to:** **fv.undergraduatemedicaleducation@nhs.scot**

The information provided will be used to establish whether a placement is possible. If there is availability you will then be sent an application form to allow your application to be processed.