**Medical Elective Application Form**

***Please complete in block capitals***

**Personal details**

|  |
| --- |
| Full name (as in passport): Please underline surname |
| Title (Mr/Mrs/Miss/Ms/Other): | Home address: |
| Known as: |
| Telephone number: | Email address: |
| Date of Birth: | Nationality: |
| Name and address of your Medical School  |

**Current programme of study**

|  |  |
| --- | --- |
| Programme title | Current year of study |
|  |  |

**English Language qualification** (if applicable)

|  |  |
| --- | --- |
| Qualification | Date awarded |
|  |  |

**Placement request**

|  |
| --- |
| Preferred placement month |
| Preferred specialty *(choice 1)* |
| Preferred specialty *(choice 2)* |

Do you have pre-arranged supervision? **Yes/No**

If **Yes** please provide the name and email address of your supervisor below

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Do you require accommodation in our Halls of Residence? **Yes/No**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_