**HONORARY PLACEMENT APPLICATION FORM**

**Please fill in the form below. Any extra information can be added at the end of the form**

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| 1. PERSONAL DETAILS | | | | | |
| Title (delete as appropriate) | Dr | Ms | Mr | Mrs | Miss |
| First name(s) |  | | | | |
| Surname |  | | | | |
| Email address |  | | | | |
| Contact number |  | | | | |

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| --- | --- | --- | --- | --- | --- |
| 1. EDUCATION & QUALIFICATIONS | | | | | |
| Please indicate your level of experience (delete as appropriate). If you are visiting from outside the UK please check what would be your equivalent grade | | | | | |
| Consultant | Registrar | SHO | Medical student (final year) | Medical student (non-final year) | Pre-university student (e.g. A levels) |
| GMC number (if applicable) | | | | | |
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| 1. HONORARY PLACEMENT REQUIREMENTS | | | | | |
| Please indicate the type of placement you are interested in (delete as appropriate) | | | | | |
| Clinical attachment | | Clinical observership | | Final year elective | |
| SSC Project | | Work experience (medical student) | | Work experience (pre-university student) | |
| How long would you like to spend on placement at St. Thomas’ (see guidelines for maximum times) | | | | | |
|  | | | | | |
| When would you like to carry out the placement (NB minimum of 3 months’ notice required) | | | | | |
| Month |  | | **Year** | |  |

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| 1. MOTIVATION FOR PLACEMENT |
| Please state your motivation/objectives for spending time in the Plastic Surgery department (max. 250 words) |
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| If you have already been in touch with one of our consultants/specialists and they have expressed an interest in working with you please state their name below. |
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| 1. ADDITIONAL INFORMATION |
| If you would like to provide any additional information about your application please do so here. NB please do not use this space to give details of your education/experience. Your CV must be attached separately for this purpose. |
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