**Elective Placement Request Form:**

**Pre-Registration NMAHP Student**

Please complete all aspects of the below form or your request may not be accepted.

From this application we will try and match your requirements with a suitable placement.

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| **Name:**  **Date of Birth:** | **Telephone:**  **Email:** | |
| **University: Student Number:**  **Branch: Adult Child Midwifery**  **AHP (please state profession):** | | |
| **Name of Programme Lead:**  **Telephone:**  **Email:** | | |
| **When did you start your training?** |  | |
| **Which year of training will you be in at time of elective?** |  | |
| **Proposed dates of elective**  **Option 1**  **From**  **To** | | **Option 2**  **From**  **To** |
| Why would you like to undertake an elective placement at Barts Health NHS Trust | | |
| What specialities are you interested in? | | |
| What experience and skills have you got that will support your learning experience here? | | |
| Do you have any specific learning needs or competencies that you need to complete during your elective placement? (if you have any paperwork that will need to be completed please attached it when you email your application) | | |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby confirm that the information provided in this application is correct to the best of my knowledge and there is no reason that I am aware of that would prevent me working in practice.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Please note**  We consider all requests for elective placements but can only offer a placement if we have the capacity to do so.  If you are successful, we will require either a placement agreement to be in place between your university and Barts Health NHS Trust or an honorary contract to be in place. A reference will be requested from your personal tutor.  **Please return this application form via email to:**  [**bartshealth.undergradeducationteam@nhs.net**](mailto:bartshealth.undergradeducationteam@nhs.net) |

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| **For Education Academy purposes only:**  **NEP/F assess request**  No additional Contract required? (Y/N):  Placement agreement required (Y/N) Requested (Y/N)  Honorary contract required (Y/N)  Placement approved: (Y/N)  Approval date:  Approved by: |