



Elective Placements Application Form

Section 1

Name _____ Title _____

Home address

Telephone Number

Email

Student cohort (month and year you commenced training)	Professional Qualifications (Please tick)	Diploma Degree	<input type="checkbox"/>
_____			<input type="checkbox"/>

Proposed date(s) of visit/elective From _____ To _____

Name of college/university _____

Name of personal tutor _____ Tel no _____

Address _____

Email _____

(we will be contacting your tutor prior to your visit to confirm that you have an up to date DBS check, up to date mandatory training requirements and that the placement is suitable for your learning needs)

Purpose of visit – Please state clearly your aims and objectives (attach an additional sheet if needed).

Students must contact the individual ward/department initially to ask if they can be accommodated for the dates required.

The Ward Manager or Unit Education Coordinator must complete the next section and then return the form to Mathew Stephenson, Practice Education Facilitator, School of Oncology.

Following confirmation from your University of your up to date DBS check and mandatory training requirements, you will be sent a letter confirming your elective placement.

Section 2

Ward/Department:

I agree in principle to accommodate this student (name and dates as above) for their elective clinical placement experience. I recognise that this student is accepted as additional to the numbers of students allocated to the department. We will keep a record of the students name and dates of elective placement.

Signature:	
Print Name:	
Designation:	Date:

Section 3

Date received by School of Oncology:
Date letter sent to personal tutor:
Date letter received from personal tutor:
Date Confirmation letter sent to student:
Any additional comments/considerations