

Directorate of Education & Development
Medical Education
The Horizon Centre
Torbay Hospital
Lawes Bridge
Torquay
Devon
TQ2 7AA
01803 656674
Tsdft.undergraduate@nhs.net

Application for Medical Student Placements

The form must be returned along with a signed Honorary Contract and any supporting evidence required. Please send the application form to the address above.

Please note we will only process complete applications (i.e. received with all the relevant supporting information.)

Personal details

Family name		Photo (please insert here or include passport photo.)
First name		
Date of birth		
Place of birth		
Nationality		
National Insurance Number (UK members/residents only) This is to allow access to our IT systems		
Country of residence		
Male/ Female		
Address		
Invoicing Address (if different from above)		
Telephone		
Email		

Next of Kin Detail

Name	
Relationship	
Address	

Academic Detail

Name of Medical School	
Full address of Medical School	
Telephone	
Email	
Year of Study	
Expected end of studies (month/year)	
Summary of medical education to date	

Ranking of Student Placement (to be chosen in conjunction with Medical Student Placement Catalogue if available)

Specialty in which placement is sought (in order of preference.)

1
2
3
4

Preferred dates (maximum 8 weeks)

From		To	
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Alternative Dates

From		To	
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Details of other placements outside of your own medical school

Language competence

First Language:
Language instruction of home institution (if different)
I am currently studying the English language Yes <input type="checkbox"/> No <input type="checkbox"/>
I have sufficient knowledge to follow lectures and attend clinics Yes <input type="checkbox"/> No <input type="checkbox"/>
Any English Language Qualifications:

Criminal convictions

You must tick the box if you have a relevant criminal conviction (relevant criminal convictions are only those for offences against the person and for offences involving unlawfully supplying controlled drugs or substances). ☐

You will be required to submit a valid DBS check (or proof that your university holds this) or a Certificate of Good Standing from your local police authority.

Personal Statement

In no more than 500 words state why you wish to undertake a Medical Student placement at Torbay Hospital:

Declaration of Student

I confirm that the statements made by me on this form are correct. Should any of the statements prove to be incorrect the Trust reserves the right to withdraw any offer made. I give my consent to the processing of my data by Torbay and South Devon NHS Foundation Trust.

Signature.....Date.....

Declaration of Dean/ Senior Officer of your Medical School

I certify that the above applicant is in good standing with this medical school and I support without reservation this application for a Medical Student Placement with Torbay and South Devon NHS Foundation Trust.

Signature..... Date.....

Print Name..... Title.....

Official Stamp of Medical School:

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Office Use Only

Approved by Senior Leadership team (Med Ed)

Signed _____ Date _____

Print Name	Title
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