

Elective Placement - Application Form

Please complete and return to Nichola Fowkes, Practice Learning Lead
nicola.fowkes@nhs.net

The application will not be processed unless all sections are completed.

Name University Field of practice Email Telephone number(s) Emergency Contact details / Next of kin
Personal tutor Email / contact details
Proposed date of elective placement: If your preferred placement is unavailable at this time are you able to be flexible with this date? (please specify any restrictions)
Preferred placement area – please list all areas of interest in order of preference

Please write a short paragraph explaining why you have chosen to request an elective placement in this area at SFHT.

Please state the learning outcomes you hope to achieve during this placement

For completion by personal tutor ;

I confirm that I have seen satisfactory evidence of CRB and Occupational Health Clearance

I confirm that the student has successfully completed training in Basic Life Support, Safeguarding, Moving & Handling and Infection Control.

Tutors signature _____ Date _____

I confirm that to the best of my knowledge the information provided in this application is correct

Student's signature _____ Date _____

You will be informed of the outcome of your application as soon as possible.
It is your responsibility to source and arrange funding of your own accommodation, travel and indemnity insurance whilst on placement.

We look forward to receiving your application

Nichola Fowkes – Practice Learning Lead – nicola.fowkes@nhs.net