APPLICATION FOR HONORARY CLINICAL OBSERVER

Dartford and Gravesham NHS
NHS Trust

Application forms must be completed electronically and returned to MedicalEducationDartford@dvh.nhs.uk

1.Personal Details

Surname:	
Forename(s):	
Title:	Dr / Mr / Mrs / Ms / Miss / Prof / Other (please specify)…….
Full UK Address:	
Email Address:	
Telephone:	Mobile: Home:
Date of Birth:	
National Insurance Number (if applicable):	
GMC registration Number (if applicable):	Number: Type: Provisional / Full / Limited Renewal Date:
Have you been or are currently subject to any fitness to practise proceedings by an appropriate licensing or regulatory body in the UK or any other country?	Yes / No
Do you have any restrictions on your GMC Registration:	Yes / No
If so, provide a brief overview of your case here and attach full details:	

2. Requirements for Clinical Observership Position

2.1. Professional Qualification

Qualification:	
Medical School:	
Date Qualified:	

2.2. Immigration Status

Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) national:	Yes / No
Do you have evidence of entitlement to enter and undertake a Clinical Observership in the United Kingdom:	Yes / No
Country of residence:	
Indefinite leave to remain in the UK:	Yes / No
Type of Visa held:	
Date of Visa:	
Passport Number:	

2.3. English Language

Provide date and result of:

PLAB Part 1	
PLAB Part 2	
IELTS score 7.5 or above:	

3. Application for Position

Specialty applied for:	
Confirmed Supervising Consultant*:	
Proposed start and end dates:	
Proposed length of position:	

*** Evidence of communication with Supervising Consultant confirming confirmation of observership must be attached to application form.**

4. Objectives

Provide reasons why you wish to secure the above position:	
Objectives:	

5. Declaration

Have you ever been convicted of any criminal offences?	Yes / No
(If 'Yes' details of the conviction must be discussed with the Medical Education Manager and will be treated in the strictest confidence).	
Are you related to a Trust Board Member or senior member of staff within this Trust?	Yes / No
If so please give details:	

A position, if offered, will be subject to the information given on this form and enclosed Curriculum Vitae being correct. I understand that failure to disclose any relevant facts will breach any contract of employment and render it invalid. I also understand that formal checks regarding the details of criminal records will be conducted for successful applicants for all posts where there is contact with children or vulnerable adults, and agree to this process if this applies to me.

Signed:	
Date:	

6. Fee and Supporting Paperwork

Fee:
A fee of £200.00 is due at the point of application. Please await instructions from the Medical Education Department before making payment.

Supporting Documentation:
Please return this completed application form to: **MedicalEducationDartford@dvh.nhs.uk** with the following attached:

1. Evidence of UK residence i.e. utility bill with name and address.	**4.** Scanned copy of front cover, photograph and visa pages of passport.
2. Curriculum Vitae	**5.** Evidence of PLAB Part 1 and PLAB Part 2
3. Scanned certificate of professional qualification	**6.** Evidence of IELTS 7.5 or above

Confirmation of receipt of this application form will be sent within five working days. Please DO NOT contact the Medical Education Department by telephone or in person.

For Medical Education Department use only	
Approval given for application to proceed by DME or MD:	Sign & date
Application form received by:	Sign & date