Medical Student Elective Application Form

Please complete this form electronically or in black ink. Please then return via email to: academicdepartment@stah.org

Please note you will be required to provide evidence of a current enhanced DBS check before commencing any placement

Personal Details	
Name:	
Main Contact Email Address:	
Academic Details	
Current Year of Study:	
Full name of current degree course:	
Full address of University:	
Proposed course of study	
Area of placement – please tick relevant box	

Neuropsychiatry	Learning Disability	CAMHS	Forensic Psychiatry	Women's Mental Health	Personality Disorder	ASD	Men's Mental Health

Other, please provide details	
Proposed dates of placement, please give start and end date:	

Declaration	
I confirm that all information given by me on this form is correct. Should any information prove to be incorrect St Andrews Healthcare reserves the right to withdraw any offer made. **I give my consent to the processing of my data by St Andrews Healthcare**	**Signed:**
	Print Name:
	Date:
Reference	
The section below is to be completed by your current supervisor at your University	
Please give a brief assessment of the applicant's character and conduct:	
Please give a brief assessment of the applicant's academic ability:	

I can certify that the above applicant is in good standing with this Medical School and I support this application for an elective placement at St Andrews Healthcare	
Signature:	
Name inc title:	
Date:	
Please provide an official stamp from Medical School or University:	

Personal Statement
In no more than 500 words state why you wish to undertake a placement at St Andrews Healthcare and your learning objectives for the placement