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| 1. **PERSONAL DETAILS**
 |
| **Surname:** | **First Name:** |
| **Date of Birth:** | **Age:** |
| **Home Address, inc postcode:** | **Contact Numbers:** |
| **Email Address:** |
| **NMC No.** |
| **Work Address and contact number:** |
| **Reason for attending:****e.g. Contraception / GU experience / young people’s clinics, and details** |
| **Restriction to times/days available (we will endeavour to accommodate your needs, however this cannot always be possible due to clinical commitments and other training within the department)** |

**APPLICATION FORM FOR OBSERVATIONAL VISIT TO INTEGRATED SEXUAL HEALTH SERVICE, LLR v3**

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| 1. **DISABILITIES**
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| Do you have any health condition, disability or learning needs that we should be aware of? **YES / NO** IF YES, please provide details: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. **REFERENCE**
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| **TO BE COMPLETED BY UNIVERSITY TUTOR / MANAGER**Please comment on the applicant’s suitability for the placement requested. By signing you are also confirming that the information given in this application is, to the best of your knowledge, accurate. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please print name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. **DECLARATION**
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| You have the responsibility to acquaint yourself with the safety rules of the work place, to follow these rules and make use of the facilities and equipment provided for your safety. It is essential that all accidents are reported. You must follow all rules and regulations of the Trust, and note that there is a No Smoking Policy throughout the entire working environment. The Trust fully supports equal opportunities in employment and opposes all forms of unlawful or unfair discrimination.There will be no payment for meals or travelling expenses. I have read and understood the above requirements. I understand that if offered a placement, it will be subject to the information given on this form. I agree to work with departmental guidelines and follow instructions given. **Signed:** ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. **EQUAL OPPORTUNITIES MONITORING INFORMATION**
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| **Gender:** Male Female  | **Marital Status:** Married Single Divorced  Separated Widowed  |
| **Ethnic Origin:** Please note we are not asking about citizenship or nationality, but the ethnic group to which you feel you belong. Choose one section from (1) to (5) then tick one box. (1) **WHITE** British ⬜ Irish ⬜  Any other White Background (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(2) **MIXED** White and Black Caribbean ⬜ White and Black African ⬜ White and Asian ⬜ Any other mixed background (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(3) **ASIAN OR ASIAN BRITISH** Indian ⬜  Pakistani ⬜ Bangladeshi ⬜ Any other Asian background (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(4) **BLACK OR BLACK BRITISH** Caribbean ⬜ African ⬜ Any other Black background (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(5) **OTHER ETHNIC GROUP** Chinese ⬜ Any other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PLEASE SCAN & RETURN THIS COMPLETED**

**APPLICATION FORM TO:**

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| **Ruth Adams****Clinical Educator– Leicester, Leicestershire and Rutland Integrated Sexual Health Service**Email: ishtraining@ssotp.nhs.uk |

**For office use only:**

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| Date of attendance agreed: |  |
| Area of service visiting: |  |