

North Wales Clinical School

Ysbyty Gwynedd

Emergency Department

Student Elective

Application Form 2021/22

A: Personal Details

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| --- |
| Surname/ Family Name: |
| Forename(s): |
| Title: | Gender: Male / Female(delete as appropriate) | Date of Birth: (dd / mm / yy) |

**B: Residency Details**

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| --- |
| Nationality: |
| Domicile (i.e. country where you live normally): |
| ***Please complete all address details in FULL*** |
| Home Address:Postcode: | Home Institution:Postcode: |
| Telephone No: | Telephone No: |
| E mail address: |  |

**C. DETAILS OF PROPOSED PERIOD OF ELECTIVE STUDY AT HOSPITAL**

|  |  |
| --- | --- |
| Name of Hospital:  | **Ysbyty Gwynedd, Bangor** |
| Please indicate preferred period | Rotation 1:28/02/22 – 22/04/22 | Rotation 2:23/05/22 – 08/07/22 | Rotation 3:11/07/22 – 26/08/22 |

**D. APPLICATION FEE**

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| There is an Administration fee of £50 per placement which must be sent at time of application. Please note that administration fee is non-refundable. Please pay by cheque made payable to : Betsi Cadwaladr University Health Board or, electronically to:Bank: NatWest Bank, GBS Branch, 2nd Floor, 280 Bishopsgate, London EC2M 4RBSort Code: 60-70-80 Account No. 10006168IBAN: GB66NWBK60708010006168SWIFT No: NWBKGB2LNHS Organisation No. 7A1Please forward remits to BCU.remittances@wales.nhs.ukTel: 01745 488 782 ext. 2243 / 2253 / 2231 / 2254 |

###### F. ACCOMMODATION *Please circle*

|  |  |  |
| --- | --- | --- |
| Will you require student accommodation at a cost of £370.93 per month? (Please note however that this cannot be guaranteed). If you have specific accommodation requirements (e.g ground floor or single sex only) please contact us to arrange. | **YES** | **NO** |

###### G. DECLARATION

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| **1. To be completed by the Student:** |
| I confirm that the information given on this form is correct and that I am/will be a final year Medical Student at my Home Institution during the time of the elective requested. I am in good health and do not have any health issues that may prevent me from performing clinical procedures. |
| **Signature:** | **Date:** |

|  |
| --- |
| **2. To be completed by the Dean of Medical School of Home Institution:** |
| I confirm that the person named above is a student in good standing and will be a final year Medical student at the named institution and that the authorities at this institution approve of the proposed period of study without reservation. I also confirm that the student is Hepatitis B immune and that they do not have any other health issues that may prevent them from performing clinical procedures. Please stamp with your official University seal. |
| **Signature:** | **Date:** |

**Please complete all sections of the application form and return it to:**

**The Undergraduate Office (Elective Applications)**

**North Wales Clinical School**

**Ysbyty Gwynedd**

**Bangor**

**Gwynedd LL57 2PW**

**U.K**

BCU.UndergraduateCentreWest@wales.nhs.uk