

North Wales Clinical School

Ysbyty Gwynedd

Emergency Department

Student Elective

Application Form 2021/22

A: Personal Details

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

**B: Residency Details**

|  |  |  |
| --- | --- | --- |
| 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**

|  |
| --- |
| 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 4RB  Sort Code: 60-70-80  Account No. 10006168  IBAN: GB66NWBK60708010006168  SWIFT No: NWBKGB2L  NHS Organisation No. 7A1  Please forward remits to [BCU.remittances@wales.nhs.uk](mailto:BCU.remittances@wales.nhs.uk)  Tel: 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

|  |  |
| --- | --- |
| **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](mailto:BCU.UndergraduateCentreWest@wales.nhs.uk)