

Clinical Placement Application Form



At St Gemma's Hospice we provide clinical placements to Medical, Nursing, Bereavement Counselling and AHP students. To apply for a placement, please complete details below:

1. Personal Details

Name:	Click to enter name.
Date of Birth:	Click to enter date of birth.
Home Address:	Click to enter address.
Mobile number:	Click to enter mobile number.
Email address:	Click to enter address.
Emergency contact name:	Click to enter contact name.
Emergency contact tel. no:	Click to enter contact telephone number.
Do you have any additional requirements that we need to be aware of?	Click here to enter additional details.

2. Current Education/Employment Information

Are you currently employed? Yes <input type="checkbox"/> (please provide details below) No <input type="checkbox"/>	
Place of Employment:	Click to enter details.
Position held:	Click to enter details.
Are you currently in Education? Yes <input type="checkbox"/> (please provide details below) No <input type="checkbox"/>	
Name of Education Body:	Click to enter education body.
Detail of course currently being undertaken?	Click to enter course details.

3. Placement Details

Placement Type (please select) Medical <input type="checkbox"/> Nursing IPU <input type="checkbox"/> Nursing Community <input type="checkbox"/> AHP <input type="checkbox"/> Other <input type="checkbox"/>	
Preferred date of placement	Click here to enter required dates.
Preferred length of placement	Click here to enter length of placement.
Please provide alternative dates	Click here to provide alternative dates.
Please identify the members of MDT or Department you would like to visit: Click here to enter details.	
Please specify your key learning objectives for your placement and if/how this is linked to any current course or course specialty you are undertaking: Click here to enter details.	

4. Recommendations/References

In order for us to process your request, please provide details of a Manager/Key Person who can support your placement application. We will contact them to confirm your name/role/request.

If your placement is for more than 2 days, we will contact this person to provide a letter of recommendation asking them to confirm you are of integrity and good character, will benefit from the placement and have the right qualifications and skills for the placement.

Manager/Key other in support of this placement:

Name	Click here to enter name.
Position	Click here to enter position.
Telephone No.	Click here to enter telephone number.
Email address	Click here to enter address.

5. Declaration

I understand that any placement offered will be subject to the information given on this form and the referee check form completed by my employer/place of study. If successful, I agree to work within the departmental guidelines and follow instructions given.

I confirm that I have a current enhanced DBS and this will be verified by St Gemma's AUPC staff on the first day of placement along with photographic ID.

I will at all times observe the Hospice rules and regulations in relation to Fire, Health and Safety, Information Governance and Security. I will familiarize myself with the written Policies and Procedures of the Hospice regarding Fire, Health and Safety and Security which are available in every ward and department or from the HR Department.

Health Service work is intrinsically confidential in nature. Patient information is of course 'strictly confidential'. Information relating to members of staff and to the business interests of the Hospice of which you may become aware during the course of your placement with the Hospice must also be treated as confidential.

This placement is not a contract of employment and no employer/employee relationship will arise between the Hospice and yourself by virtue of this placement.

Signed _____ Sign here _____ Date _____ Date from drop down _____

If your placement is successful, we will be in contact with you to confirm this and further details provided.

On the first day of placement, you will be required to bring along with you:

- Enhanced DBS
- Photographic ID

Please return this form to: email: tina.cosgrove@st-gemma.co.uk

Tina Cosgrove
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