

CLINICAL APPRENTICESHIP PLACEMENT SCHEME FOR REFUGEE DOCTORS APPLICATION FORM

PLEASE PRINT - illegible or incomplete information on this form will delay your application

1. Personal Details

First Name			
Last Name			
Address			
Post code		Mobile No.	
Email address		Date of Birth	
Nationality		County of origin	
Gender		Native Language	

2. Application Details

Current immigration status			
(please attach a copy of proof of immigration status)			
Year arrived in UK		Years out of clinical practice	
Country where medical qualifications obtained			

Three (3) most recent Clinical Attachments*	Start Date	Finish Date
1.		
2.		
3.		

* Please include Hospital and Department

Two (2) most recent Medical Employment(s) in UK (if any)*		Start date	Finish date
1.			
2.			

* Please include specialty and grade, for each medical employment

References

Please provide two referees who have insight into your work as a doctor:

Name:	Name:
Address:	Address:
Telephone no:	Telephone no:
Email:	Email:
Contact now <input type="checkbox"/>	Contact now <input type="checkbox"/>
Do not contact initially <input type="checkbox"/>	Do not contact initially <input type="checkbox"/>
I give permission for my CV and application form to be sent to the relevant NHS Institutions and facilitators associated with the scheme:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name (printed)	
Signature	
Date	

3. Registration with the GMC (please supply your number and tick appropriate box for the type of registration you have)

GMC Registration No.		Provisional	<input type="checkbox"/>	Full	<input type="checkbox"/>
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OR
If no GMC No. at the moment but you are Eligible for Registration please give a reference No.

4. PLAB

PLAB 1	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	No. of attempts (including pass)	<input type="checkbox"/>	Date passed:	<input type="checkbox"/>
PLAB 2	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	No. of attempts (including pass)	<input type="checkbox"/>	Date passed:	<input type="checkbox"/>

EXEMPTION FROM PLAB (please attach a copy of exemption)		tick box <input type="checkbox"/>	Date	
Other (please specify):				
5. IELTS				
7.0 in all areas 7.5 OVERALL	Yes		No	
			No. of attempts (including pass)	
			Date passed:	
PLEASE NOTE: Applications received after the closing date for receipt will NOT be considered (please refer to web for information)				
Please attach the following additional information (any missing documents will delay the process or disqualify your application): <ul style="list-style-type: none"> • Updated CV • Evidence of your refugee status • Evidence of residency in London • GMC certificate (copy) • IELTS certificate (copy) • OET certificate (copy) • Evidence of dates of PLAB I and PLAB II (copy) • Names of two referees who are UK doctors (consultants) • Data protection form (page 4 of this application form) 				
Applicant Signature and declaration				
<ul style="list-style-type: none"> • I confirm that all the information I have given on this form is accurate • I agree that information provided on this form may be entered into a computerised system. I also agree that there may occasionally be a need to use my details for mailings, but will only be used by those closely connected with my training. • I give permission for my CV and application form to be sent to the relevant NHS institutions and associated facilitators 				
Signed			Date	

Consent Form

FY2 Placements for Refugee Doctors:

Data Protection

The Data Protection Act 1998 aims to make sure that anyone giving personal information which will be kept in a database will be fully aware of why the information is needed, what will be done with it and who will have access to it.

The information which you have provided to the Professional Support Unit is confidential. It will be stored on an electronic database owned by the Professional Support Unit and will be used for your benefit only.

However, we would like to use your data for research and evaluation purposes. All details shared will remain confidential and only used for the purposes of evaluation which aims to sustain and improve services currently available to refugee doctors.

If you are willing for your details to be kept on this database and used for the purpose described above, please sign the declaration below.

Declaration

I understand that the information which I have given will be held on a database owned by the Professional Support Unit and used only for the purposes of evaluation

Signed _____ Date _____

Print
Name _____