**NHS GRATER GLASGOW & CLYDE**

**APPLICATION FOR CLINICAL OBSERVERSHIP**

**Please complete the application form and return with a copy of your CV and required documentation to** **hr.support@ggc.scot.nhs.uk** **or by mail to HR Administration, HR Support and Advice Unit, 2nd Floor, West Glasgow ACH, Dalnair Street, Glasgow G3 8SJ**

**Placements cannot commence until the necessary checks have been undertaken and the applicant has been issued with a letter authorising the placement. Please allow 4-6 weeks for processing.**

|  |
| --- |
| **Section 1: Personal Details** |
| **Surname** |  |
| **Forename** |  |
| **Title: Mrs, Mrs, Ms, Miss, Dr, Prof, Other (please specify)** |  |
| **Address (including post code)** |  |
| **E-mail Address** |  |
| **Contact Telephone Number** |  |
| **Professional Qualification/Body** |  |
| **Date Qualification obtained** |  |

|  |
| --- |
| **Section 2: Details of Current Employment (if applicable )** |
| **Name of current Employer** |  |
| **Address of current Employer** |  |
| **Position held** |  |

|  |
| --- |
| **Section 3: Details of Clinical Observership**  |
| **Named Consultant** |  |
| **Department/Hospital location** |  |
| **Specialty** |  |
| **Duration of Clinical Observership** |  |
| **Purpose of Clinical Observership** |  |

|  |
| --- |
| **Section 4: Declaration (to be completed by applicant)** |
| **I hereby confirm that the information which I have given on this form is true and accurate** |
| **Signature** | **Date** |

|  |
| --- |
| **Section 5: Document Checklist** |
| **Please ensure the following documentation has been enclosed with your application*** **CV**
* **Copy of Identification e.g. passport or driver licence**
* **Copy of Standard Visitor Visa i.e. to allow you to visit UK for the business-related activity of taking up a Clinical observer post**
 |

|  |
| --- |
| **Section 6: Authorisation (to be completed by General Manager)** |
| **I can confirm that the above named applicant:-*** **Is appropriately qualified and experienced for this position**
* **Will be supervised at all times and have ‘no hands on’ contact**
* **The photographic ID is a true likeness of the applicant**

**I can confirm that it is appropriate for the above named applicant is to be issued with a Clinical Observership from …………………….. to………………………………..** |
| **Signature** | **Date** |

|  |
| --- |
| **Section 7: To be checked/completed by HRSAU** |
| * **CV** □
* **Copy of Identification e.g. passport or driver licence** □
* **Copy of Standard Visitor Visa** □
* **Clinical Observership letter issued** □
 |