UNDERGRADUATE OFFICE

 

**APPLICATION FORM**

**APPLICATION FOR A MEDICAL STUDENT ELECTIVE ATTACHMENT**

**AT ROTHERHAM NHS FOUNDATION TRUST**

**Please apply at least 3 months in advance of requested start date**

|  |  |
| --- | --- |
| **NAME** |  |
| **EMAIL** |  |
| **TELEPHONE NUMBER** |  |
| **MEDICAL SCHOOL** |  |
| **CURRENT YEAR ON COURSE** |  |
| **DATES REQUESTING** | **From:** |
| **To:** |
| **Is there any flexibility with your requested dates?** | **YES / NO \* \* Delete as appropriate****If Yes, please give details:** |
| **SPECIALTY OR SPECIALTIES INTERESTED IN** |  |
|  |
|  |
| **ANY SPECIAL NOTES:** |

**SUBMIT**

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