

## **Visiting Medical Student Elective Application Form**

**Applications must be submitted at least 6 months (4 months for students from partner Universities) in advance of the start date of your proposed Elective.**

<b>Section 1: Student Details</b>	
<b>Surname:</b>	<b>Forename(s)</b>
<b>Mr/Mrs/Miss/other:</b>	<b>Date of Birth:</b>
<b>Sex: M/F</b>	<b>Passport Number:</b>
<b>Nationality:</b>	<b>Country of Birth:</b>
<b>Telephone/Mobile no:</b>	<b>Email address:</b>

**Permanent Home Address:**

**Next of Kin:**

**Contact Telephone No (in case of emergency):**

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**Full name and address of your contact at your Home Medical School:**

**Contact Email:**

**Expected date of graduation with a degree that enables you to practise as a doctor:**

**Stage/year you will be in at the time of the Elective, e.g. Year 4 of 5  
(applications are only considered from students in the penultimate or final year at the time  
of the Elective):**

**Have you ever been rejected for a UK Visa application? YES/NO**

**If YES, please provide further details:**

**Disclosure Scotland PVG Scheme Membership (or equivalent from your relevant Government Department)**

**Do you have an enhanced disclosure certificate or equivalent? YES/NO**

**If YES, what is the date of issue: \_\_\_\_\_**

**IMPORTANT: *You will need to obtain a new enhanced certificate if the one you currently have is dated more than six months prior to the dates of your Elective.***

**If English is not your first language please give details of your English Language Qualification e.g. IELTS (no subtest below 7.0), DAAD, TOEFL**

**Date of Test:**

**Score Achieved:**

**If you are an international student please give details of any time already spent, (or that you will be spending) in the UK for the purpose of study e.g. school, college, university:**

**Name of school/college/university:**

**Course(s) of Study:**

**Dates of study:**

**From:**

**To:**

**Immunisation Details: Documentary evidence must be provided.**

	YES	NO	DATE(S)	
Diphtheria vaccine				
Polio vaccine				
Tetanus vaccine				
Mumps/Measles/Rubella vaccine				
Tuberculosis vaccine				<b>RESULT</b>
TB test e.g. Mantoux (in absence of Tuberculosis vaccine)				
VZ serological evidence of immunity				

**Please read the following statements carefully and complete the section which applies to you:**

I have been immunised against **Hepatitis B** and have produced the following level of antibody:  
 ..... IU/L  **Tick if this applies**

**OR**

I have been immunised and have not produced antibody but have been investigated as regards my  
 Hepatitis B status and found not to be a carrier (**documentary evidence of this must**  **be provided**) **Tick if this applies**

**If applicable, please provide details of any physical or other disabilities which might necessitate special arrangements:**

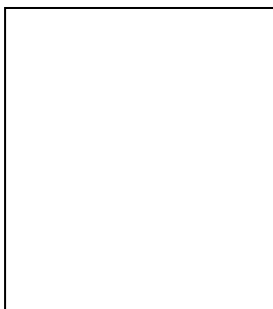


**Section 3:****Statement from the Dean or Dean's Designate of your Home Medical School**

**Please provide a letter of support from the Dean of your Medical School or a suitable designated person (e.g. Electives Lead) with this application. The letter must be on your Medical School's official headed paper and must be an original.**

The letter **MUST** include the following:

1. Confirmation that you are a bona fide medical student in your penultimate or final year at the time of your Elective.
2. Confirmation that you are a medical student in good standing and give details of your conduct, academic and clinical activity.
3. Confirmation that you have no criminal convictions and that you will enclose a copy of your Disclosure Scotland PVG Scheme certificate, or equivalent from your relevant Government Department, with this application.
4. Confirmation that you must complete an Elective as a compulsory part of your undergraduate medical programme.
5. Confirmation of your expected date of graduation.
6. Confirmation that you are sufficiently proficient in the English language to undertake an Elective in Scotland.
7. Confirmation that your Medical School is listed on the World Health Organisation Directory (<https://search.wdoms.org/>).
8. Details of the assessment your Medical School requires for this Elective. (A report on a student's performance will only be given on request and if a form is provided by the Home Medical School.)
9. Confirmation that you are covered by Medical Malpractice insurance while away from the Home Medical School.
10. Any other information which your Dean or Dean's designate thinks may be of assistance.

**Section 3 (continued):****Statement from the Dean or Dean's Designate of student's home Medical School**

Please attach a recent photograph.

Your Medical School Seal/stamp must be placed over the photograph and onto this application form.

As Dean of (insert name of Medical School) \_\_\_\_\_

I certify that:

- The above photograph is a true likeness of:
- Full name of student \_\_\_\_\_
- Date of birth \_\_\_\_\_

Signature: \_\_\_\_\_

Name: (please print) \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Seal/Stamp



**Section 4:****Important Information – Please read very carefully before signing****Cancellation**

Should an Elective need to be cancelled, the Medical School Office must be notified at least 4 weeks before the start of the Elective. Unfortunately, it is not possible for us to rearrange electives.

**Occupational Health Clearance**

Visiting Elective students are required to obtain Occupational Health clearance before starting the Elective. This will be arranged for you and an appointment will be sent to you roughly 3 weeks before placement commences. The start of your Elective may be delayed or the Elective cancelled if you do not comply with the requirements of the Occupational Health department.

**Registration and Professional Conduct**

The registration requirements will vary depending on which site your elective has been arranged at and you are required to follow the instructions of your Electives Supervisor. You are expected to comply with the Student Code of Conduct that we have outlined at the end of this form (see Appendix 1) at all times. The Undergraduate Medical School at the University of Glasgow reserves the right to cancel/terminate your Elective if you do not complete the registration process satisfactorily or act in an unprofessional manner during your elective and will not be held responsible for any costs incurred.

The following documents **MUST** be provided prior to the commencement of your Elective and we would recommend that you supply these when you are submitting this application form to avoid any delays to your Elective:

- Passport
- Non-EU/EAA students only - Short Term Student Visa
- Disclosure Scotland PVG Scheme certificate or equivalent (dated within 6 months of start date of elective)
- Medical Malpractice Insurance Certificate
- A recent letter of Good Standing from your Dean (dated within 3 months of start date of elective)
- English Language certificate



**Section 5:****Student Declaration – Please read carefully before signing**

- I confirm that I have no criminal convictions and that I have enclosed a copy of my current Disclosure Scotland certificate or equivalent. I confirm I will provide a more recent Disclosure Scotland Certificate or equivalent which is dated within six months of the start date of my elective, if applicable, and as soon as it is available.
- I confirm that I will comply with any requirements for health screening.
- I confirm that I will bring my original passport when registering.
- I confirm that I am covered by medical malpractice insurance whilst on the Elective in the UK and will show my certificate at registration.
- I confirm I am aware of the non-refundable administration fee of £250, payable before the start of the Elective (this fee is waived for students accepted from partner universities).
- I am aware the Elective dates cannot be rearranged.
- I can confirm I will be arranging my own accommodation.
- I confirm that I have read and agree to the terms of the Student Code of Conduct (Appendix 1).

I confirm that I have included the following documentation with this application form:

- A letter of Good Standing from the Dean or Dean's designate of my Medical School
- A copy of my passport showing the front outside cover, the page with my photograph and personal details on (as well as my visa page if needed)
- A copy of my current Disclosure Scotland PVG Scheme certificate or police disclosure equivalent
- A copy of my immunisation history
- Evidence of my English Language Qualification e.g. IELTS, DAAD, TOEFL, etc.
- Medical Malpractice Certificate
- A transcript of studies
- My Curriculum Vitae

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SCAN AND RETURN THIS FORM AND ACCOMPANYING DOCUMENTS TO:**

[med-sch-visiting-electives@glasgow.ac.uk](mailto:med-sch-visiting-electives@glasgow.ac.uk)

## **Appendix 1: Student Code of Conduct**

- 1. I will make the care and safety of patients my primary concern. I will treat all patients with care, politeness, and consideration regardless of their lifestyle, culture, beliefs, race, colour, gender, sexuality, age, educational background, social status or perceived economic worth nor will I allow my personal views about a person's appearance, lifestyle, culture, beliefs, race, gender, sexuality, age, social status, or perceived economic worth to prejudice my interaction with patients, teachers or colleagues.**
- 2. I will respect the dignity and privacy of patients and relatives. I will learn to communicate with them effectively, will always make it clear to patients that I am a student and not a qualified doctor and will respect the right of patients not to take part in teaching. I will not recommend treatment or suggest patients take any action that might be interpreted as medical advice. I will always seek the appropriate permission and consent for my activities.**
- 3. I will at all times respect and protect confidential information and will not discuss patients with other students or professionals outside the clinical setting, except anonymously. When using clinical data for audit or research purposes or when discussing cases with professional colleagues outside the clinical setting I will ensure it is non-identifiable and secure. I will respect all hospital and practice patient records.**
- 4. I will recognise and act within the limits of my competence; develop, practise, and maintain my skills and knowledge to the best of my ability, consistently ensuring they are up-to-date.**
- 5. I will complete the relevant disclosure or health checks prior to attending clinical teaching placements.**
- 6. I am willing to take a history and physically examine patients (which includes touching) in order to establish a clinical diagnosis irrespective of the gender, race, sexuality, culture, beliefs, disability or disease of the patient.**
- 7. I will maintain appropriate standards of dress, appearance and personal hygiene so as not to offend or distress peers, patients or staff.**
- 8. I will adhere to particular dress codes in clinical settings (including teaching and examinations), where patient safety and infection risk are paramount. Furthermore, I will set aside personal preferences about dress if this hinders communication with patients, peers and staff.**

- 9. I will communicate in a professional, appropriate and timely manner with fellow students and members of NHS and University staff.**
- 10. I am aware that my responsibility to communicate professionally extends to digital media. I will not post images or text online which may cause concern or distress to any individual, in keeping with the personal attributes expected of a medical student or doctor. I will not access social media through NHS resources while on placement.**
- 11. I am aware that all of the lectures made available in video format should not be downloaded, edited, amended or re-used and to do so will be in breach of Copyright restrictions.**
- 12. I consent to the use of audio-visual recording during simulation teaching and I agree to maintain the strictest of confidence during simulation. I agree that no recorded material shall be downloaded or removed from any facility. I understand that data recorded will only be used for self/peer review and assessment purposes and stored/destroyed in line with GDPR guidance.**
- 13. I will not use alcohol, drugs or other substances to the detriment of my conduct, attendance, punctuality and safety (including the safety of others).**
- 14. I will inform the Medical School if there is any significant health or other issue that might affect my ability to perform duties expected of a student or a doctor or may impair my fitness to practise.**
- 15. I undertake to report to the Lead for Medical Student Electives or my Electives Supervisor any action by students or staff which may put patients/clients/students/service users at risk. I recognise that acting in this way is my appropriate professional responsibility.**
- 16. I will attend all timetabled sessions and will follow absence procedures if I am unable to attend.**
- 17. I will notify the Medical School (Administrator or Electives Lead) promptly of any previous, current or change to my health or circumstances that could impact on my ability to fulfill my professional or academic responsibilities and/or fitness to practice.**
- 18. I will notify the Medical School (Administrator or Electives Lead) promptly of any concerns that have been raised (previously or currently) in relation to conduct or fitness to practise. This includes previous periods of study, employment and any incident dealt with by the police.**

**19. I am aware of the support structures in place and will contact the appropriate individuals to obtain support for any issues that could impact on my studies or fitness to practise. If I am unsure of the support available, I will contact the Lead for Medical Student Electives**

**20. I understand that in the interests of public safety, in accordance with Outcomes for Graduates, and in my own best interests, information regarding my educational achievements and my fitness to practice may be shared by the University of Glasgow Undergraduate Medical School with training providers, employers, regulatory organisations and other Medical Schools.**

**I agree to adhere to the statements above for the duration of my electives placement. I understand that it is my responsibility to notify [med-sch-visiting-electives@glasgow.ac.uk](mailto:med-sch-visiting-electives@glasgow.ac.uk) immediately of any changes to circumstances at any time during my undergraduate studies that may affect my ability to adhere to the statements above.**