

St Mark's Academic Institute

St Mark's Hospital
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**London North West
 University Healthcare**
 NHS Trust

Dean: Dr Siwan Thomas-Gibson MBBS BSc FRCP MD

HONORARY PLACEMENT APPLICATION FORM

PERSONAL DETAILS

| | | | | | |
|-----------------------|----|----|----|-----|------|
| Title | Dr | Ms | Mr | Mrs | Miss |
| First Name (s) | | | | | |
| Surname | | | | | |
| E-mail address | | | | | |
| Contact Number | | | | | |
| Address | | | | | |
| Country | | | | | |

EDUCATION AND QUALIFICATIONS

St Mark's is committed to research, training and education in all aspects of intestinal and colorectal disorders. Unfortunately, we cannot offer an honorary position for undergraduate students. Please indicate your level of experience.

| | | | | |
|----------------------------|-----------------|----------------------------|-----------------------|--------|
| Level of Experience | Consultant | Registrar | Other: | |
| Background | Surgeon: Y/N | Gastroenterologist: Y/N | Nurse: Y/N | Other: |
| GMC Registered | N | Y | Type of registration: | |
| GMC Number | | | | |

PLACEMENT REQUIREMENTS

St Mark's hospital was one of the world's first specialist hospitals and has made a significant contribution towards the understanding of intestinal and colorectal disease. We currently are offering three different types of programmes, honorary clinical assistants, honorary observers and postgraduate courses. Please indicate what type of placement you would be interested in and for how long.

| | |
|---|--|
| Please indicate the type of placement you are interested in | |
| Honorary clinical assistant | |
| Observer | |
| Postgraduate teaching term course (PGTT) | |
| Research Fellow | |
| International Postgraduate Deanery Fellow (MIT) | |
| How Long would you like to spend on placement at St. Mark's Hospital | |
| | |

| | | | | |
|---|--|-------|--|------|
| When would you like to carry out the placement (minimum 3 months' notice required) | | | | |
| Day | | Month | | Year |

| | |
|---|--|
| <u>Placement Objectives and Aims</u> Please state your aims and objectives for your time at St. Mark's Hospital | |
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| If you have been in contact with one of our consultants to express your interest, please state their name below | |
| | |
| Any other Information you would like to provide about your application, please do it below | |
| | |

Please send the filled in application form and a copy of your CV to info@stmarksacademicinstitute.org

Please note the cost of attending St Mark's placements varies according to the modality chosen and the length of stay. Please ask for further information.

| | | | |
|----------------------------|--|----------|--|
| For Office Use Only | | | |
| Allocated Supervisor | | | |
| Visitor Type Contract | | | |
| Start Date | | End Date | |
| Agreed by | | | |