# HONORARY PLACEMENT APPLICATION FORM 2024/2025

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: |
| **UK GMC Registered?** | N | Y | Licence to practice: Y/N | |
| **UK GMC Number** |  | | | |

**TYPE OF PLACEMENTS**

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. To give you the best experience for your placement, we offer a different range of placements.

Please indicate what type of placement you are interested in and for how long.

Please note, for general observership, you need to tick two choices on when you would like to come. We will strive to offer your placement according to your first preference, however, as capacity for observers at any given time may be limited, you may be offered your second choice.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please indicate the type of placement you are interested in** | | | | | | |
| **Honorary clinical assistant** ( UK GMC registration with licence to practice required) | | | | |  | |
| **Postgraduate teaching term course** (PGTT)    **Summer PGTT** course: 10 June – 19 July 2024 [TBC] | | | | |  | |
| **International Postgraduate Deanery Fellow (MIT)** | | | | |  | |
| * **Clinical Attachments**   This relates to observers who want to be attached to a specific consultant/service to observer only the service provided by consultant; please indicate below the period you wish to do this and the consultant and/or service you wisht to be attached to | | | | |  | |
| **When would you like to carry out the placement (minimum 3 months’ notice required)** | | | | | | |
| Day |  | Month |  | Year | |  |
| If you have been in contact with one of our consultants to express your interest, please state their name please | | | | |  | |
| * **St Mark’s Clinical Observership**   This observership is for visitors who wish to experience the full breadth of colorectal disciplines we offer at St Mark’s Hospital for the period of 4 weeks.  The numbers of observership posts we can offer are limited; therefore, please indicate two choices of periods you would like to visit us.    **Winter Term** (22 January – 31 March 2024)  **Summer Term** (2 September – 27 September 2024)  **Autumn Term** (18 November – 13 December 2024)  **2025 Dates** (TBC) | | | | |  | |
|  | |
|  | |
|  | |
| If you cannot come withing the stipulated times, or you would like to stay for a shorter or longer periods, please indicate this here. We will review and consider your request accordingly. | | | | | | |
|  | | | | | | |

|  |
| --- |
| **Placement Objectives and Aims**  **Please state your aims and objectives for your time at St. Mark’s Hospital** |
|  |
| **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](mailto: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** | |  | | |