**Barts Health Elective Placement Application Form:**

**Pre-Registration Midwifery Students**

Please complete the below form and return to the relevant CPF Team.

Please ensure you only apply to one site.

## Personal Details

|  |  |
| --- | --- |
|  | Input |
| Full Name | [Enter full name] |
| Date of Birth | [Enter date of birth] |
| Address | [Enter full address, including postcode] |
| Contact Number | [Enter mobile/phone number] |
| Email Address | [Enter email address] |
| University/Institution | [Enter name of university/institution] |
| Year of Study | [Enter current year of study] |

## Elective Placement Preferences

|  |  |
| --- | --- |
| Preferred Start Date | [Enter preferred start date] |
| Preferred End Date | [Enter preferred end date] |
| Alternative Dates (if applicable) | [Enter alternative date range] |
| Placement Location Preference (if applicable) | [Specify location preferences, e.g., community, hospital, etc.] |

## Clearance Checklist

*(Tick the boxes to confirm submission)*

|  |  |  |
| --- | --- | --- |
| Required Documents | Student confirmation | Personal Tutor Confirmation |
| Occupational Health Clearance |  |  |
| Any occupational health recommendations? |  |  |
| DBS Clearance |  |  |
| Is there a progression plan in place? |  |  |

## Learning Objectives

*What do you hope to achieve during this placement and why would you like to undertake an elective placement in Bartshealth? (max 300 words)*

|  |
| --- |
|  |

## Emergency Contact Details

|  |  |
| --- | --- |
| Emergency Contact Name | [Enter full name] |
| Relationship | [Enter relationship, e.g., parent, partner] |
| Contact Number | [Enter contact number] |

**Declaration**

I confirm that all information provided is accurate to the best of my knowledge. I understand that the elective placement is subject to availability and meeting the placement requirements.

| **Signature** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- | --- |
| **Date** |  |

**Submit completed forms and documents to:**

* **Newham University Hospital  
  Email:** [**bartshealth.stmidwives@nhs.net**](mailto:bartshealth.stmidwives@nhs.net)
* **Royal London Hospital  
  Email:** [**bartshealth.rlhmaternitycpfteam@nhs.net**](mailto:bartshealth.rlhmaternitycpfteam@nhs.net)
* **Whipps Cross Hospital**  
  **Emails:** [**natalie.shirley@nhs.net**](mailto:natalie.shirley@nhs.net)

**Please note**

**We consider all requests for elective placements but can only offer a placement if we have the capacity to do so.**

**If you are successful, we require a placement agreement to be arranged between your university and our trust. A reference will be requested from your personal tutor.**