

Application for a visiting student for the purpose of undertaking a Dental Elective

ORIGINAL DOCUMENT - PLEASE DO NOT PHOTOCOPY

Please complete typed where possible otherwise complete in black pen and in capitals

Section 1: Student Details	
Surname:	Forename:
Mr/Mrs/Miss	Date of Birth:
Contact Address: (to which correspondence should be sent)	
Mobile Telephone no:	Email address:
Nationality:	Country of Birth:
Next of kin:	
Permanent home address:	
Contact telephone number: (in case of emergency)	
<i>If English is not your first language please give details of your English Language Qualification e.g. IELTS, TOEFL</i>	
Date of Test:	
Score Achieved	
<i>If you are a non EU/EAA student please give details of any time already spent in the UK for the purpose of study, e.g. school., college, university:</i>	
Name of school/college/University:	
Course(s) of Study:	
Dates of study: from:	to:

Full name and address of Home Dental School:

Country:

Email address:

Fax no:

Expected date of graduation as a doctor and what stage/year you will be in at the time of your elective : (month / year) (Stage/year)

Section 2: Details of Elective (3 to 8 weeks duration only and not normally in May or between September and December inclusive). Please ensure you provide at least 6 months notice of your elective dates.

Please state your preferred Clinical Speciality: _____

Preferred dates for elective (DD/MM/YYYY): From To

Alternative dates for elective (DD/MM/YYYY): From To

Is this classed as a **Dental Elective** or a **Student Selected Component (SSC)** at your University?

If Informal agreement has already been given by a Clinical Elective supervisor to supervise you please give details. (Please note 6 months notice is still required).

Name:

Speciality:

Hospital:

E-Mail Address:

Telephone No:

Section 3: Statement from the Dean of student's home Medical School

Please provide a letter of support from the Dean of your Dental School with this application. The letter must be on your Dental School's official headed paper and must be an original. Photocopies will not be accepted.

The letter **MUST** include the following

1. Confirmation that you are a bona fide **final year/senior** dental student at the time of your elective
2. Confirmation that you are a medical student in good standing and giving details of your conduct, academic and clinical activity
3. Confirmation that you have no criminal convictions and you have enclosed a copy of your latest enhanced DBS disclosure. (N.B we will still need to see your original enhanced DBS disclosure or equivalent from your relevant Government Department on your arrival in Newcastle. The document must be less than 3 months old at the start date of your elective)
4. Confirmation that you must complete an elective as a compulsory part of your undergraduate dental 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 England
7. Details of the assessment your Dental 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 Dental School)
8. Confirmation that you are covered by Medical/Dental malpractice insurance while away from the home dental school
9. Any other information which your Dean may think would be of assistance.

Section 3: Statement from the Dean of student's home Dental School - Continued

Please attach here a recent photograph and ask the Dean of your Dental School to sign below to certify that this is a true likeness. Your Medical School Seal/stamp must be placed over the photograph and onto this application form

As Dean of (insert name of Dental School) _____

I certify that

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

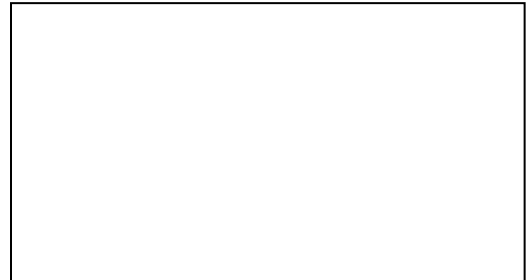
Signature : _____

Seal/Stamp of Establishment

Name: (please print) _____

Title: _____

Date: _____



Section 4: Occupational Health Clearance Form (This section of the form is required by the Occupational Health Service and will be treated in the strictest of confidences)

Note: If you are have a concern or unsure then please email the Occupational Health Service as soon as possible for confidential advice at Newcastle.OHS@nhs.net

Specialty of elective: _____

If you are entering from outside the UK which country are you entering from:

Are you suffering from any physical or mental health problems that may affect your capacity to attend this elective? Yes No

Do you have any active infections at this time? Yes No

Do you require any modifications or adjustments to the workplace to enable you to attend this elective? Yes No

Are you currently being followed up for a needle stick /sharps injury or eye splash that may have involved exposure to a blood borne virus? Yes No

If you answer **YES** please provide details here:

Have you had a BCG vaccination in relation to Tuberculosis? Yes No

Do you have a BCG scar? Yes No

Do you have a cough which has lasted for more than 3 weeks? Yes No

An unexplained weight loss? Yes No

An unexplained fever? Yes No

Unexplained swollen glands? Yes No

Have you had tuberculosis (TB) or been in recent contact with open TB? Yes No

Have you tested **POSITIVE** for MRSA in the past? If YES When? _____ Date

Section 4: Vaccination/Immunity History - Continued				
Vaccination/Blood Test	Yes	No	Date of Vaccination or Blood Test	Information Needed
Hepatitis B vaccination			1 st	Documentary evidence of vaccination, and/or lab result confirming immunity
			2 nd	
			3 rd	
			Booster	
HBsAg Test				Copy of lab result required for EPP
HBcAb Test				Copy of lab result required for EPP
Hepatitis C Antibody Test (HCVab)				Copy of lab result required for EPP
HIV Test				Copy of lab result required for EPP
Quantiferon Gold or Mantoux Test if no BCG vaccination				Documentary evidence of lab result/test confirming immunity
Rubella, Measles or MMR vaccination				Documentary evidence of vaccination, or lab result confirming immunity
Varicella (Chickenpox)				Confirmation of exposure, vaccination or lab result confirming immunity

General Practitioner/Medical Officer/Practice nurse/occupational health provider confirmation of Occupational Health details.

Signature:

Name: (please print)

Medical Practice Stamp/Seal of Doctor:

Occupational Health Clearance.

Whilst on your Elective if you are expecting to be involved in invasive or exposure prone procedures (**EPP**) such as surgery you will need to be seen in Occupational Health on your first day and will not be allowed to be involved in any such procedures until you have had relevant screening.

If you are required to attend Occupational Health you will be given an appointment on your first day by the Newcastle University representative and instructions on where the department is located. Your clinical supervisor will also be informed of this appointment.

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

- I confirm that I have no criminal convictions and that I have enclosed a copy of my latest disclosure (I will also provide an enhanced DBS Disclosure or equivalent from my relevant Government Department WHICH MUST BE LESS THAN 3 MONTHS OLD ON THE START DATE OF MY ELECTIVE when I register on arrival in Newcastle).
- 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 elective in the UK and will show my certificate at registration if not previously provided.
- I confirm I am aware of the non-refundable administration fee of £75, payable on the first day of the elective
- I am aware the elective dates cannot be re-arranged
- I can confirm I will be arranging my own accommodation

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

A letter of support from the Dean of my Medical School

A copy of my passport showing the front cover, the page with my photograph and personal details on (as well as my visa page if needed)

A copy of my current enhanced DBS Disclosure or equivalent

A transcript of studies

My Curriculum Vitae

Evidence of my English Language Qualification e.g. IELTS, TOEFL

Signature of applicant: _____

Date: _____

Section 6: (To be completed by Newcastle University/Clinical Supervisor)

- I agree to act as Clinical Elective Supervisor for the aforementioned student
from _____ (dd/mm/yyyy)
to _____ (dd/mm/yyyy)
- If the student fails to attend as expected I agree to inform the Medical Student Office immediately (Tel:0191 222 8402, email: medical.electives@ncl.ac.uk)

Name :

Date:

Hospital and Department:

Name of Secretary: _____

Telephone number: : _____

Email address: : _____

IMPORTANT INFORMATION

- **Should an elective need to be cancelled, the School of Dental Sciences must be notified at least 4 weeks before the start of the elective.**
- **Unfortunately it is not possible for us to re-arrange electives**

IMPORTANT: You will not be permitted to start an elective until you have registered at the School Office, School of Dental Sciences, Newcastle University on your arrival.

The following documents **MUST** be provided at registration otherwise you will not be permitted to start your elective. Newcastle University Medical School reserves the right to cancel an elective if you do not complete the registration process satisfactorily and will not be held responsible for any costs incurred.

1. Passport
2. DBS or Letter of Good Conduct from Home Government (dated within 3 months of start date of elective)
3. A recent letter of Good Conduct from your Dean (dated within 3 months of start of elective)
4. Medical Malpractice Certificate
5. Original Offer Letter from Newcastle University

PLEASE RETURN THIS FORM AND ACCOMPANYING DOCUMENTS TO:

simon.stone@ncl.ac.uk

Dr Simon Stone, School of Dental Sciences, Newcastle University, Framlington Place, Newcastle upon Tyne, NE2 4BW, ENGLAND.