

Application for the Clinical Attachment Support Programme (CASP)

Please complete in BLOCK CAPITALS

Please read the programme information before completing this form

Name _____

Present Address _____
& Postcode/PIN _____

Email Address: _____

Contact Telephone Number: _____

Visa Status British ☐ EEU ☐ Overseas ☐

Qualifications e.g., MBBS & date of qualification _____

Reason for Attachment Experience in UK ☐
 Taking Exam e.g. PLAB ☐
 Other

Preferred Speciality _____
 (Please include subspeciality, e.g., Medicine - Respiratory or Surgery - ENT etc.)

I agree that I will be supervised at all times by a designated doctor. I understand that this placement is strictly observational and understand that I may not partake in any clinical/medical or surgical procedures for the duration of the placement or have IT access/access to patient information. I agree to pay the fee of £250. I understand that I must comply with the conditions of placement and that failure to do so will result in the termination of my attachment without refund.

- The attachment can **ONLY be for a maximum of 4 weeks** as per policy.
- Should there currently be no available places, I will be added to a waiting list and notified when a place becomes available.
- Optional extras, such as attendance at a Clinical Skills Workshop and Communication & Medical Diagnostics Workshop are available at extra cost (subject to availability) and can be booked upon arrival.

Signature of Applicant: Date: