Medical Placement

Application Form

PRIVATE & CONFIDENTIAL

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| --- | --- | --- | --- |
| **Title** |  | | |
| **First Name(s)** |  | | |
| **Surname** |  | | |
| **Home / Permanent Address** |  | | |
| **Postcode** |  | | |
| **Telephone (Day)** |  | | |
| **Telephone (Evening)** |  | | |
| **Telephone (Mobile)** |  | | |
| **Email Address** |  | | |
| **Date of Birth** |  | | |
| **Marital Status** |  | | |
| **Current Occupation/University** |  | | |
| **Qualifications** |  | | |
| **Elective/Placement discipline/specialisation** |  | | |
| **Do you hold a full United Kingdom Passport?** (Must be valid for a minimum of 12 months after return to UK)  **If No, what Nationality is your passport?** | **Yes / No** | | |
|  | | |
| **Passport Number** |  | | |
| **Name on Passport** |  | | |
| **Placement location:**  **Uganda; Jinja or Kasese**  **Tanzania; Dar es Salaam**  **Preferred Dates:** | **1st Choice:** | | **2nd Choice:** |
| **Start date:** | | **Finish date:** |
| **Name, address telephone number and email of character witness. (This could be a tutor/work supervisor).** |  |  | |
| **Briefly explain ideally what you would like gain from your elective/placement.** |  | | |
| **List any key skills you have which you feel could be of benefit to this elective/placement?** |  | | |
| **Are you a vegetarian?**  (Please bear in mind that because of the nature of our projects it can be difficult to meet dietary preferences) | **Yes / No** | | |
| **Do you have any food allergies** | **Yes / No – If YES please provide details** | | |
| **Do you have any other allergies e.g. to any drugs?** | **Yes / No – if YES please provide details** | | |
| **Do you have any convictions / cautions for a criminal offence?** **(If Yes give details).** | **Yes / No** | | |
| **Do you smoke?** | **Yes / No** | | |
| **How did you hear about Act4Africa?** | **Choose from the following options (please cross/highlight):**   * The Electives Network ( ) * Web Search ( ) * University Recommendation ( ) * Other ( )   please specify: | | |

|  |  |  |
| --- | --- | --- |
| **Are you physically fit?** | **Yes / No** | |
| **Do you suffer from epilepsy, asthma, back problems, other chronic illness?** |  | |
| **Do you have any serious heart, lung, kidney problems, or had a major illness in the last 3 years?** |  | |
| **List any medication you take regularly and the condition being treated:** |  | |
| **Do you have any physical disabilities?** |  | |
| **Do you have any psychiatric disorders and/or a history of emotional instability? If ‘yes’, please provide further details and ensure doctor’s signature and a covering letter is provided.** |  | |
| **Women. Is there any chance you could be pregnant?** | **Yes / No** | |
| **Are you willing to take necessary immunisations and take the appropriate malaria tablets?** | **Yes / No** | |
| **Do you have an insurance policy which covers you for the duration of this trip?** | **Yes / No** | |
| **Name and telephone number of**  **your GP:** |  | |
| **Name, address and telephone number of your next of kin:** |  | |
| **Relation to you:** |  | |
| **You agree to the following statements and commitments: -** | | |
| * I will inform Act4Africa immediately if any of the above circumstances change. * I have read and understood the Act4Africa Booking Conditions. You can find these on our website ([www.act4africa.org](http://www.act4africa.org)) in the section on Medical Electives. * I will read and study the necessary preparation material and will make myself available for a pre-departure briefing. * I will accept the local Act4Africa leader’s authority and project regulations. * I understand that Act4Africa does not have any surplus money to finance placements and I am confident that I can raise the necessary funds. * I understand that Act4Afrca reserves the right to repatriate any overseas participants should their behaviour during the elective period be unacceptable. * I undertake not to be involved in any way with drug or alcohol abuse and will respect for local customs and standards. I will avoid the use of bad language and will place myself under the authority of the local Act4Africa Leader. * I enclose a passport sized photograph. * I have paid a non-refundable Application fee of £45 per person on-line (see instructions below). * I understand that I will be required to pay a non-refundable deposit of £100 when my application has been accepted and I receive an Acceptance Letter. | | |
| **Signed: please provide a digital signature or send by post** | | **Date:** |
| **We’d love to keep you updated about our exciting work and the ways you can help.**  ***Do we have your permission? Please tick all that apply.***  **YES (via telephone) YES (via email) YES (via mail) NO THANKS**  We promise never to sell or swap your details and you can change your preferences at any time. Our Privacy Policy will tell you all you need to know about how we handle and process your data. To read this, visit [www.act4africa.org/privacy-policy/](http://www.act4africa.org/privacy-policy/) | | |

**See p4 for instructions on what to do next.**

**To pay online:** Visit [www.act4africa.org](http://www.act4africa.org) and click ‘DONATE NOW’ at the top left of every page.

This takes you to the Act4Africa Virgin Money Giving page. Click the blue ‘Make a donation’ button on the right-hand side. We will match your donation to your application.

Once we receive your completed application and fee we will take up your reference and then, provided this is satisfactory, you will receive an Acceptance Letter from us offering you a place at one of the locations. At this point you will be required to pay a non-refundable deposit of £100. The balance of your project fee is then due not later than 10 weeks prior to your Placement start date. If you have any queries please telephone **0161 941 1435**.

**Return application form by email to: trips**[**@act4africa.org**](mailto:admin@act4africa.org)

**Or by mail to:**

**Martin Smedley – Chief Executive**

**Act4Africa (Applications),**

**17b Seamons Road,**

**Altrincham,**

**Cheshire,**

**WA14 4ND.**