**Clinical placement - offer form**

This form should be completed to consider a clinical placement offered to an individual external to NHS Greater Glasgow and Clyde.

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| **Applicant details** | | |
| Name of applicant |  | |
| JobTrain applicant or candidate reference number (*optional; leave blank if unknown*) |  | |
| Email address |  | |
| **Clinical placement Details** | | |
| Indicate **one** placement type | Clinical Observership |  |
| Clinical Access (Medical) |  |
| Clinical Access (Dental: GDC-registered) |  |
| Clinical Access (Dental: student) |  |
| Medical / Dental Elective Placement |  |
| Directorate |  | |
| Specialty |  | |
| Base / location |  | |
| Named consultant |  | |
| **Start date** to **End date** of placement |  | |
| Purpose of clinical placement |  | |
| **Authorisation - General Manager *(or equivalent)*** | | |
| I can confirm that it is appropriate for the above named applicant is to be issued with a clinical placement as outlined above. | | |
| Name |  | |
| Signature |  | |
| Date |  | |

Completed forms should be returned to the **Workforce Supply Team** at [ggc.workforcesupply@ggc.scot.nhs.uk](mailto:ggc.workforcesupply@ggc.scot.nhs.uk).

The Workforce Supply Team will commence the relevant pre-placement checks and issue a clinical placement authorisation letter.