



Medics' Inn

Medics' Inn
www.medicsinn.com
placement@medicsinn.com

Medics' Inn Application Form Part 1

Please download and complete part 1 and 2 of the application form. Send your completed forms to: placement@medicsinn.com. Once received, you will receive an invoice and payment instructions via email.

You are advised to seek the opinion of your clinical teachers during the planning stage of your placement.

Personal Details

1. Title:
2. First name:
3. Surname:
4. Preferred name:
5. Male/Female (delete as appropriate):
6. Date of Birth (dd/mm/yyyy):
7. Nationality:
8. Permanent Address: (provide local Nigerian address if you are a placement only applicant)
9. Address (for all correspondence and delivery of welcome pack, if different from above address):
10. Telephone number:
11. Email address:
12. Emergency Contact name:
 - a. Relation to you:
 - b. Contact number:



Medics' Inn

Medics' Inn
www.medicsinn.com
placement@medicsinn.com

Education

13. Name and address of your medical/nursing school:
14. Current year of study:
15. Date (month and year) you started medical/nursing school:
16. Expected date (month and year) you will graduate as a doctor/nurse:
17. Other degrees and qualifications obtained:

Placement Programme Details

18. Type of placement (delete as appropriate):
 - Medical/Nursing Elective Package Programme
 - Medical/Nursing Elective Placement Only Programme
 - Medical/Nursing Placement Package Programme
 - Medical/Nursing Placement Only Programme application
19. Requested placement dates/period:
20. Number of weeks:
21. Location of your placement:
 - First choice:
 - Second choice:
22. Speciality(s) for your placement:
 - First choice:
 - Second choice:
23. Please list the name(s) of those who are part of a joint/group applications to ensure your placement and accommodation is in the same location.
(Individuals are required to complete their own application.)



Medics' Inn

Medics' Inn
www.medicsinn.com
placement@medicsinn.com

Personal Health

24. Please list any medical problems you have.
25. Please list any regular medication you take.
26. Please list any allergies you have.
27. Please list any dietary requirements you have (Package Programme applicants only)

How did you hear about Medics' Inn Elective/Placement Programme? (delete as appropriate)

- Friend
- Medical School Faculty
- Social media: Facebook/Instagram/Twitter
- Event: _____
- Other: _____

Declaration

I have read and understood Medics' Inn Terms and Conditions. I agree to Medics' Inn Terms and Conditions. Along with this completed application form, I agree to send a signed copy of **Application Form Part 2 - Medics' Inn Terms and Conditions**, proof of my medical/nursing school status in English (if applicable), a scanned copy of my international passport and an up to date CV.

I agree to pay a non-refundable £200 registration fee with my application. I agree to make full payment of my programme 2 months before my placement start date _____ (insert start date here).

I declare that the information provided in this form is a correct record.

Full Name:

Signature:

Date: