

**DEPARTMENT OF ANAESTHESIA
CLINICAL ATTACHMENT BOOKING FORM**

1. PERSONAL DETAILS

Please write clearly using black or blue ink and BLOCK CAPITALS

Surname:	<input type="text"/>	Gender:	<input type="text"/>
Forename:	<input type="text"/>	DOB:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Degrees:	<input type="text"/>	Nationality	<input type="text"/>
Address:	<input type="text"/>	Passport No	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>	GMC Ref:	<input type="text"/>
Tel:	<input type="text"/>	Mobile:	<input type="text"/>
Fax:	<input type="text"/>	Email:	<input type="text"/>

2. PREFERRED ATTACHMENT DATES

Attachments can be arranged in blocks of one week starting on Mondays and finishing on Sundays

Choice	From (Monday)	To (Sunday)	# Weeks
First	/ /	/ /	
Second	/ /	/ /	
Third	/ /	/ /	

3. ACCOMMODATION

Hospital accommodation may be available. The cost of the clinical attachment does *not* include accommodation.

I require information about local accommodation: Yes No

I require directions to Papworth Hospital: Yes No

4. PAYMENT

Cheques / postal orders / money orders payable to: **Papworth Hospital Anaesthesia RDT Fund 205**

I enclose payment for: weeks @ £100 per week = £

Type of payment enclosed: Cheque Postal order Money order

I understand that during the period of clinical attachment I will be permitted to observe clinical activities under the supervision of consultant anaesthetists. I understand that I will not have any clinical responsibilities and will not be permitted to have patient contact. I understand that the offer of a clinical attachment is not an offer of employment. I will abide by the Trust's Visitor Policy and comply with the Trust's Confidentiality Agreement.

Signature: Date: / /

Please mail form & payment to:

The Royal College Tutor, Department of Anaesthesia, Papworth Hospital, Cambridge CB3 8RE, UK