

**Reference Number:** FOI202324/569  
**From:** Press/Media  
**Date:** 13 March 2024  
**Subject:** Clinical attachments for medical graduates

Q1 Does the trust offer clinical attachments for international medical graduates?

A1 Yes

Q2 How long do these attachments last?

A2 One to four weeks.

Q3 Does the trust charge international medical graduates to undertake a clinical attachment? If so, how much?

A3 Not currently.

Q4 What does this fee pay for/cover?

A4 Not applicable- as per A4.

Q5 Are international medical graduates paid while undertaking clinic attachments?

A5 No

Q6 Please share an example application form for the clinical attachments you offer.

A6 Please see attachment- FOI 2023/24 569 Response

## Clinical Attachment Application Form

Personal Information*			
Title	Click here to enter text.	Job Ref No	Click here to enter text.
Surname	Click here to enter text.		
Forename	Click here to enter text.		
Middle Name	Click here to enter text.		
Known as	Click here to enter text.		
GMC No	Click here to enter text.	Date of Birth	Click here to enter a date.

Contact Details*			
House No	Click here to enter text.		
Address Line 1	Click here to enter text.		
Address Line 2	Click here to enter text.		
Town	Click here to enter text.		
County	Click here to enter text.		
Post Code	Click here to enter text.	Home Tel No	Click here to enter text.
Email Address	Click here to enter text.	Mobile No	Click here to enter text.

Current Employer/University*			
Are you a current NHS Employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you currently a student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name of Employer/University	Click here to enter text.		
Name of Line Manager/Tutor	Click here to enter text.		
Manager/Tutor Contact Email	Click here to enter text.		
Email Address	Click here to enter text.	Mobile No	Click here to enter text.

Details of Clinical Attachment?*			
Which Division would you like the attachment to be with?	Medicine <input type="checkbox"/>	Surgery <input type="checkbox"/>	
Please give further details below of any specialist areas you would like to observe.			
Click here to enter text.			
Have you already had contact with a doctor or surgeon at the Trust?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please details who you have already had contact with.	Click here to enter text.		
Did they agree to support your clinical attachment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Can you please explain what you hope to achieve from the clinical attachment.			
Click here to enter text.			
How long would you like the clinical attachment to last for?			
1 Week <input type="checkbox"/>	2 Weeks <input type="checkbox"/>	3 Weeks <input type="checkbox"/>	4 Weeks <input type="checkbox"/>
Please state when you would like the attachment to begin	Click here to enter text.		

Once completed could you please return this form to [HR.Recruit@lhch.nhs.uk](mailto:HR.Recruit@lhch.nhs.uk).

We will then liaise with the relevant departments to see if a suitable clinical attachment can be arranged.

Please note that we are limited in terms of the number of clinical attachments we can provide and cannot guarantee we will be able to grant your request.

If accepted we will provide you with further details but you will need to clear pre-engagement checks to NHS standards. Further information about these can be found by [clicking here](#).

**Please note that if you currently reside overseas, or have lived overseas for more than 6 months within the last 5 years you will need to provide a Police Clearance Certificate for that country which has been issued within 3 months of the start date of your clinical attachment.**