**King’s Mill Hospital**

Mansfield Road

Sutton in Ashfield

Nottinghamshire

NG17 4JL

Tel: 01623 622515

**Join today:** [**www.sfh-tr.nhs.uk**](http://www.sfh-tr.nhs.uk)

**Sherwood Forest Hospitals NHS Foundation Trust – confidentiality.**

During your Elective placement confidentiality needs to be always maintained**:**

* You***must not*** attempt to read any information which is not relevant to the experience that you are undertaking.
* You***must not*** tell others (e.g. friends, relatives, press etc.) anything you see or hear.
* that can be regarded as confidential.
* You***must not*** pass on any information to anyone, without the permission of the person in charge. Example: This includes being asked for information from relatives or Police Officers.
* You***must not*** remove from the hospital any documents which you handle without permission of the person in charge of the department. This is particularly important if it identifies a patient.
* You***must not*** pass on any documentation to another person without the consent of the person in charge of the department.
* You***must not*** pass on any personal information which would identify someone, when answering a telephone, without the consent of the person in charge of the department.

**You must:**

* Be aware that careless talk leads to a breach of confidentiality.
* Continue to maintain confidentiality even when you are no longer on Elective placement at the hospital.
* Treat all people in the same way that you would wish to be treated.
* Respect other people’s personal information in the way that you would wish your personal and confidential details to be respected.

We are pleased that you have chosen to undertake your Elective placement at our hospital, but we must ensure that you understand the need to always maintain confidentiality. If you breach any aspect of confidentiality, you will be asked to leave the hospital immediately and may jeopardise your university’s ability to send future students here.

N.Fowkes Oct 2024. Review Oct 2027 version 3

Therefore:

1. Ensure that you comply with this guidance whilst on our premises.
2. If there are any points, which are not clear, please discuss them with the supervisor or the person in charge of the department in which you are working.
3. Please sign the form below to show that you have read and fully understand both the need for confidentiality and the consequences of any breach of confidentiality.

Blue and black smoking logo smallBlue and black smoking logo smallBlue and black smoking logo small**Elective Placement - Application Form**

**Chair** Claire Ward  
**Chief Executive** Paul Robinson

**Chair** John MacDonald

**Chief Executive** Richard Mitchell

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**Chief Executive** Richard Mitchell

**Please complete and return to:**  [sfh-tr.practicelearning@nhs.net](mailto:sfh-tr.practicelearning@nhs.net)

The application will not be processed unless all sections are complete.

|  |
| --- |
| Name:  University:  Field of practice:  Email:  Telephone number(s):  Emergency Contact details / Next of kin: |
| Personal tutor:  Email / contact details: |
| Proposed date of elective placement:  If your preferred placement is unavailable, are you able to be flexible with this date? (please specify any restrictions) |
| Preferred placement area – please list all areas of interest in order of preference |
| Please write a short paragraph explaining why you have chosen to request an elective placement in this area at SFHFT. |
| Please state the learning outcomes you hope to achieve during this placement. |

For completion by personal tutor.

I confirm that I have seen satisfactory evidence of CRB and Occupational Health Clearance

I confirm that the student has successfully completed training in Basic Life Support, Safeguarding, Moving & Handling and Infection Control.

Tutors signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that to the best of my knowledge the information provided in this application is correct and I have read the information on confidentiality and the need to maintain this while on placement.

Student’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will be informed of the outcome of your application as soon as possible.

It is your responsibility to source and arrange funding of your own accommodation, travel, and indemnity insurance whilst on placement.

We look forward to receiving your application.

Nic and Roe