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**REQUEST FOR CLINICAL OBSERVING / OPERATIONAL OBSERVING /**

**WORK EXPERIENCE**

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| **APPLICANT DETAILS** |
| **Name** |  |
| **Current Address** |  |
| **Phone Number** |  |
| **Email Address** |  |

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| **REQUEST DETAILS**  |
| **Please give details of the type of opportunity you require****Clinical Observing Request / Work Experience Placement (***Please note - We cannot accommodate work experience for prospective Technician applicants) /* **Operational Observing** |
| **Request Start Date** |  |
| **Duration**  |  |
| **Any other relevant details, e.g. pattern of hours, clinical specialism.** |  |
| **Location Required***Details of our geographical structure can be found on our website* |
|  | **Please tick all suitable regions**  | **Specific Area / s** |
| **West** |  |  |
| **East** |  |  |
| **North** |  |  |



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| **EDUCATIONAL DETAILS** |
| **Current Educational Establishment -School / University / Other**  |  |
| **Course / Qualification being undertaken** |  |
| **Current academic year** |  |
| **Name and contact details of course programme tutor / teacher supporting your application** |  |

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| **PLACEMENT RATIONALE**In no more than 300 words, please detail why you are seeking a placement with the Scottish Ambulance Service**.** |
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| **AGREEMENT** |
| **Signed** |  |
| **Date** |  |