

Please complete and return to ebatson@bournemouth.ac.uk. **Please note that by submitting this form you are confirming the information you provide is correct.**

Please remember - Any travel within or outside the UK will be governed by current UK and other relevant government advice and BU rules about COVID.

Name _____

RCM/RCN Number _____

Expiry Date _____

I have organised and/or submitted:

Passport

Visa (if applicable)

Contact Details Form

Immunisation/MRSA, as required

BU Insurance

Personal Insurance if you are staying on beyond

your elective placement.

RCM or RCN Membership (indemnity insurance)

Please tick or (x)
Has been organised by BU

Please remember to take with you:

Relevant Contact numbers

NMC Standards

Generic Objectives

Evaluation form (This provides evidence of your placement hours. Without it (completed and signed), your hours mightnot be accredited)

Insurance letter

Letter of introduction

Copy of Placement Agreement

Evidence of COVID vaccination (or exemption)

Please tick or (x)
Have received these from BU
Have received these from BU
Have received these from BU
Have received these from BU ?

I have checked the Foreign & Commonwealth Office (FCO) website for country specific safety advice.
(Please note that a checkmark in the box to the right is mandatory. We cannot consider your application otherwise)

BOURNEMOUTH UNIVERISTY
Faculty of Health and Social Sciences

Signed:

Date:
