**Primary-Secondary Care Work Shadowing Request Form**

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| **Name:** |  |
| **Job title:** |  |
| **Specialty** *(if applicable)* |  |
| **Contact number:** |  |
| **Email:** |  |

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| --- | --- |
| **Hospital/Practice Name and address:** |  |
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| **Please indicate hospital/practice preference:** | **First preference** | **Second preference** |
|  |  |

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| **Please indicate specialty preference** *(if applicable)***:** | **First preference** | **Second preference** |
|  |  |

**Please note, these preferences are not guaranteed**

**CPD credits can be claimed under ‘working with colleagues’ as both a visiting and a receiving clinician. The SOAR Reflective Template for recording work shadowing credits can be found under** [‘working with colleagues (work shadowing)’](http://www.appraisal.nes.scot.nhs.uk/help-me-with/soar/appraisees/reflective-templates.aspx)