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**Application Form for Medical Education Visits to St Columba’s Hospice Edinburgh**

**Section 1.**

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| **Name** |  |
| **Current Position** |  |
| **Correspondence address** |  |
| **Email** |  |
| **Telephone** |  |
| **Dates available for placement**  |  |
| **Desired length of placement**  |  |

**Section 2.**

**Please confirm your reason for requesting an educational visit to St Columba’s Hospice, and if you have any specific learning objectives which require to be met.**

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**Any other information that you feel may be relevant.**

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We will confirm receipt of your application within 2 working days, and we will let you know whether it will be possible to accommodate your request within 2 weeks of application.