**CLINICAL Volunteering Programme Application Form**

**For Volunteering, Observership and Internship Programmes**

|  |  |
| --- | --- |
| **Applying Period** | **Applications Accepted** |
| January through March | Month of September |
| April through May | Month of December |
| June through August | Month of February |
| September through November 15 | Month of May |

**Note: No early or late applications will be accepted.**

**Note: Application processing will start at end of application period. You should expect to hear back within 4 weeks after application deadline.**

**Note: We do not have Volunteering, Observership, or Internship opportunities between November 15th and January 15th.**

Please fill out all sections of the application form and email them with all related material to Jayesh.patel@giftofvision.org.uk

**SECTION 1: PROFILE OF THE VOLUNTEER**

|  |  |
| --- | --- |
| **Name (First, Last):** |  |
| **Sex (M/F):** |  | **Date of Birth:** | DD/MM/YYYY |
| **Country of citizenship:** |  | **Email** **address:** |  |
| **Address:** |  |
| **City:** |  | **State:** |  | **Post Code:** |  | **Country:** |  |
| **Tel (H):** |  | **Tel (O):** |  |
| **Mobile:** |  | **Fax:** |  |

**CURRENTLY ENROLLED IN (check one):**

|  |
| --- |
|[ ]  Medical School |
|[ ]  Residency |
|[ ]  High School (please check one): |[ ]  10th Grade |[ ]  11th Grade |[ ]  12th Grade |
|[ ]  Other (HS Graduate (or equiv) or higher) |

|  |  |
| --- | --- |
| If you selected “Residency” or “Other”, please explain: |  |
| Name of institution (currently enrolled in): |  |
| Graduation Date:  | DD/MM/YYYY | Current Year of Study:(1st year medical student etc.) |  |
| Licence #: |       | Date Issued: | DD/MM/YYYY |
| Speciality: |       | Years of Experience |  |
| Exposure to Ophthalmic Diagnostics and Surgeries (Kindly quantify): |  |
|  |
|  |
|  |
| Area of Interest (While volunteering):       |
|       |
|       |
| Hospital Affiliation(s):       |
| Languages Spoken:       |
| Indian Lang. Fluency |       |[ ]  None |[ ]  Beginner |[ ]  Intermediate |[ ]  Fluent |

**SECTION 2: VOLUNTEER PREFERENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applying for** |[ ]  Clinical Volunteering |[ ]  Clinical Observership |[ ]  Clinical Internship |

**Location applying for (if more than one, please use numbers to designate priority):**

* SEH Anand – Offering Clinical Volunteering, Clinical Observership
* SEH Bangalore – Offering Clinical Internship, Clinical Volunteering, Clinical Observership
* SEH Coimbatore – Offering Clinical Internship, Clinical Volunteering, Clinical Observership
* SEH Guntur – Offering Clinical Volunteering, Clinical Observership
* SEH Shimoga – Offering Clinical Observership

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|[ ]  Anand |[ ]  Bangalore |[ ]  Coimbatore |[ ]  Guntur |[ ]  Shimoga |

IN ORDER OF PREFERENCE, GIVE PREFERRED DATES AND DURATION FOR VISIT:

(Clinical Volunteering, Observership and Internship are not available from November 15 through January 15)

|  |  |
| --- | --- |
| 1 |       |
| 2 |       |
| 3 |       |

QUESTIONS:

1. What do you expect from this programme at Sankara Eye Hospital?

|  |
| --- |
|       |
|       |
|       |
|       |
|       |

1. Will you need Room and Board? Room and Board are available for a nominal fee at the following locations.
	* SEH Coimbatore (twin share based on availability), SEH Bangalore (twin share based on availability, SEH Guntur (twin share based on availability for short terms – 1 to 2 weeks)
	* High School Students will need to provide their own accommodations.

|  |  |  |
| --- | --- | --- |
|[ ]  Yes |[ ]  No |[ ]  N/A (high school student) |

**SECTION 3: TO BE COMPLETED BY DEAN’S OFFICE**

(or person who approves this at your institution) OF THE APPLICANT’S INSTITUTION

This section is to be filled out if you would like to receive credit from your institution for participating in the Sankara Eye Foundation Volunteering program.

Applicant Name:

The above named student is registered in the       programme.

He/She is in good standing at the listed institution and has permission to study with Sankara Eye Hospital Project Surgery.

• The student [ ]  is [ ]  is not covered by malpractice and liability insurance.

• The student [ ]  is [ ]  is not covered by health insurance (enclose proof).

• His/her overall academic standing is: [ ]  Excellent [ ]  Good [ ]  Solid [ ]  Satisfactory

Dean or Advisor Signature:

Print Name of Dean or Advisor:

Title:

Date: DD/MM/YYYY

<Please affix institution seal here>

ADDRESS OF INSTITUTION: This is where the evaluation will be mailed to by Sankara Eye Hospital after the completion of the internship.

|  |  |
| --- | --- |
| Name of Institute: |       |
| Address: |       |
| City: |       | State: |       | Post Code: |       |

**SECTION 4: EMERGENCY CONTACT INFORMATION**

CONTACT NAME IN UK (IN CASE OF EMERGENCY): (Parents/Friend)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Relation: |       |
| Address: |       |
|       |
| Email: |       | Phone: |       |
| Phone: |       | Phone: |       |

**SECTION 5: DONATION INFORMATION**

Please go to (<https://npo.networkforgood.org/Donate/Donate.aspx?npoSubscriptionId=3808>). Please state “Internship Application Processing Fee” in the Comments Section. The receipt must be provided with the application. The fee structure is as follows.

1. For applications submitted by the deadline, a nominal donation of £20 is charged (non refundable) to be applied to "Open one eye (1 surgery)." the applicant.

2. For applications submitted 1 day to 3 months past the deadline, the donation is raised to £60 (non refundable) to be applied to "Open three eyes (3 surgeries)".

3. For applications submitted past 3 months past the deadline, the donation is raised to £240 (non refundable) to be applied to "Open an eye per month (12 surgeries)".

Date Application Submitted: DD/MM/YYYY Amount of Donation:

**SECTION 6: SIGNATURE OF APPLICANT**

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

|  |  |
| --- | --- |
|  | DD/MM/YYYY |

Signature of Applicant Date

**SANKARA EYE FOUNDATION / SANKARA EYE HOSPITAL CONTACTS**

UK: Mr. Jayesh Patel, 123 Roehampton Vale, Roehampton, London, SW15 3PG

Ph: 44-208-7802570, Email: Jayesh.patel@giftofvision.org.uk, Website: [www.giftofvision.org.uk](http://www.giftofvision.org.uk)

INDIA: Dr. Kaushik Murali, Sankara Eye Centre, Sathy Road, Coimbatore-641 035, India.
Ph: 91-422-2666450, Email: murali.kaushik@gmail.com, Website: [www.sankaraeye.com](http://www.sankaraeye.com)