Heart, Lung and Critical Care Clinical Group

Guy's and St Thomas' NHS Foundation Trust

Honorary Placement Request (Form A)

Instructions

1. The requester is required to complete Page 1 of this form.
2. It is the Requester's responsibility to forward it to their Supervisor for confirmation
3. The form should then be sent to the Divisional Director for approval.
4. Once fully completed please return to Medical HR (gstt.MedHRHonorary@nhs.net).

Personal Details

Title	Dr		
First Name	Rosalba		
Last Name	De Sarro		
Date of Birth	14/11/1993		
Telephone number	+393403205058		
Personal email	rosalba.desarro@unicz.it		
GMC registration	Yes ☐	No ☒	Number:
Name and address of Current Employer / University	Magna Græcia University of Catanzaro – Viale Europa 1, Germaneto, 88100 Catanzaro (CZ), Italy		

Type of Honorary Placement Request (please check the box as appropriate)

- ☐ Honorary Consultant
- ☐ Co-Terminus / Joint Appointment Honorary Consultant
  (requirement of contract as part of your primary contract of employment)
- ☐ Practicing Privileges (Private Patients)
- ☐ Honorary Clinical Fellow
- ☐ Honorary Clinical Research Fellow
- ☒ Honorary Observer (non-GMC)

Honorary Placement Details

Please outline your proposed requirements and duties for this Honorary Placement i.e. part of your 'scope of work'. This may include clinical commitments, educational roles, managerial/leadership roles or any other roles. These duties must be agreed with your supervisor prior to your placement commencing.

During this honorary placement, I would like to broaden my clinical and academic experience in congenital heart disease, with particular emphasis on echocardiography and cardiovascular imaging. I would value the opportunity to observe specialist ACHD clinics, echocardiography and cardiovascular imaging sessions, multidisciplinary team meetings, and relevant educational and scientific activities. This experience would allow me to gain a deeper understanding of the clinical and imaging assessment, multidisciplinary management and longitudinal follow-up of adults with a wide range of congenital heart conditions within a specialist tertiary centre. I would also like to further develop my research experience in congenital heart disease and cardiovascular imaging. Where appropriate and subject to the necessary approvals, I would welcome the opportunity to contribute to research activities, including the identification of clinically relevant research questions, the development of study protocols, and the preparation of scientific abstracts or manuscripts. All proposed activities would be agreed with the designated supervisor before the placement commences and undertaken under appropriate supervision, within the remit of an Honorary Observer.

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Duration of Honorary placement requested

Proposed Start Date	23/10/2026	Proposed End Date	22/04/2027
Name of Supervisor	Margarita Brida		
Department	Adult Congenital Heart Disease (ACHD) Unit – Cardiology		
Location	Royal Brompton Hospital, Sydney Street, London SW3 6NP		
Hours of placement / frequency of work	Monday to Friday, according to the departmental schedule and as agreed with the supervisor.		

Below details to be completed by Supervisor and Divisional Director

Reporting Instructions

Start Date	23/10/2026	Time	0900AM
Requester reports to	Margarita Brida		
Supervisor (or PA) Email	Greta.budreikaite@nhs.net	Supervisor (or PA) phone no	88464
Location	RBH		

Placement Details

Requestor will have access to patient records. Yes ☒ No ☐

Requestor will carry out Exposure Prone Procedures. Yes ☐ No ☒

Supervision arrangements

☒ Requestor will be always supervised

☐ Requestor will work directly with patients unsupervised.

Supervisor/Sponsor Approval of Placement

Signature:

Print Full Name: MARGARITA BRIDA

Date (DD/MM/YYYY): 08/09/2026

Divisional Director Approval of Placement

Signature:

Print Full Name: Dr Vias Markides

Date (DD/MM/YYYY): 30.09.2026

Please note that the Medical Honorary Team (gstt.MedHRHonorary@nhs.net) requires at least 6 weeks' notice from the date of request in order to ensure all appropriate checks are complete.
This form must be fully completed, or it will be returned to the Requestor.