



THE ROYAL  
MELBOURNE HOSPITAL  
CLINICAL SCHOOL

# The Royal Melbourne Hospital Elective Application Form



## Student Details

Name:

Date of Birth:

Title:

Nationality:

Email:

Contact Phone Number:

Postal Address:

Suburb:

Postal Code:

Country:

## Home Institution Details:

Institution's Name:

Student Number:

Program of Study:

Expected Graduation Date: Month: Year:

Name of Dean or Designate:

Position Title:

Telephone:

Email:

Postal Address:

Suburb

Postal Code:

Country:

## Elective Placement Preferences:

*List four Department/Disciplines in order of your preference - see Elective Information Guide for available options*

1.

2.

3.

4.

## Elective Preferred Dates

*List 3 date ranges (min 2 weeks, max 8 weeks) that you will be available to complete the elective in order of your preference*

1. Start Date:

End Date:

Total No. of Weeks:

2. Start Date:

End Date:

Total No. of Weeks:

3. Start Date:

End Date:

Total No. of Weeks:

# Declaration of Immunisation

*The Royal Melbourne Hospital treats many older and immunosuppressed patients who are vulnerable to infectious diseases. For their protection we require that you minimise the risk of importing a transmissible disease into the hospital environment. The following declaration and undertaking binds you for the duration of your elective/clerkship period at the Royal Melbourne Hospital.*

## **Immunisation Status Declaration:**

**Measles** - *Must have received immunisation or had prior infection to apply. Provide serology if able.*

Immunisation Status:

**Mumps** - *Must have received immunisation or had prior infection to apply. Provide serology if able.*

Immunisation Status:

**Rubella (German Measles)** - *Must have received immunisation or had prior infection to apply. Provide serology if able.*

Immunisation Status:

**Varicella (Chicken Pox)** - *Must have received immunisation or had prior infection to apply. Provide serology if able.*

Immunisation Status:

**Hepatitis B** - *Must have received immunisation or had prior infection to apply. Provide serology if able.*

Immunisation Status:

## **Pertussis (Whooping Cough)**

Immunisation Status:

## **Tetanus**

Immunisation Status:

## **Diphtheria**

Immunisation Status:

**Influenza** - *proof of immunisation must be provided at least 8 weeks prior to elective commencing*

Immunisation Status:

**COVID-19** - *proof of immunisation must be provided at least 8 weeks prior to elective commencing*

Immunisation Status:

## **Tuberculosis**

Are you currently experiencing symptoms (cough, haemoptysis, fever, other)

If you have had a previous diagnosis:

Quantiferon Gold Assay

Mantoux test

Chest X-ray

**Student Name:**

**Signature:**

**Date:**

## Academic Details and Authorisation

*To be completed by your dean or designate.*

- This student is in good academic/professional standing at this school and is approved to participate in the elective placement.
- This student will be undertaking their final year or next to final year of their medical course at the time of the proposed elective placement.
- This student's personal health and professional indemnity insurance covers their elective placement.
- I understand that RMH is only able to provide assessments on the student's attendance/participation and this is suitable for our requirements.
- The student is fluent in both written and verbal English.
- This student is competent in the use of personal protective equipment and related procedures which include gowning, gloving, surgical scrub, hand washing and masking (including N95's).

Please comment on this student's academic/clinical ability:

Please comment on this student's professionalism:

Please put any further comments you'd like to make regarding the student below:

**Signature:**

**Name of Dean/Designate:**

**Title:**

**Date:**