

APPLICATION FOR UNDERGRADUATE ELECTIVE



THE ROYAL
MELBOURNE HOSPITAL
CLINICAL SCHOOL



SURNAME/FAMILY NAME :		GIVEN NAMES : Preferred first name:		
DATE OF BIRTH:		TITLE: MS <input type="checkbox"/> MISS <input type="checkbox"/> MRS <input type="checkbox"/> MR <input type="checkbox"/> OTHER _____		
ADDRESS:			PHONE NO :	
EMAIL ADDRESS:		EMERGENCY CONTACT In case of an emergency, who can we contact?		
MEDICAL SCHOOL:		YEAR OF COURSE: (at time of elective)		Name:
WHEN WILL YOU GRADUATE? Month _____ Year _____		CITZENSHIP:		Relationship to you: (eg Mother, Father)
WHERE WILL YOU APPLY FOR A VISA?		Phone number:		
		Email:		
		Day	Month	Year
PROPOSED DATE OF COMMENCEMENT OF ELECTIVE		Monday		
PROPOSED DATE OF ELECTIVE COMPLETION		Friday		
Additional dates ranges if first choice is not available:				
DISCIPLINE/S TO BE UNDERTAKEN In order of preference: this is a guide only , as some units are more popular than others, we cannot always guarantee your preferences			What is the proposed duration of your elective? _____ Weeks	
1st preference			ADDITIONAL INFORMATION OR COMMENTS:	
2nd preference				
3rd preference				
<p>Email all documents as PDFs (list below) to: rmh-electives@unimelb.edu.au (DO NOT SEND EXTRA DOCUMENTS UNLESS REQUESTED TO DO SO)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Application form <input type="checkbox"/> Immunisation Declaration (TB and Flu test can be sent later) <input type="checkbox"/> Passport sized photo (NOT photocopy of your passport or student ID) face on, showing head and shoulders. We need to provide a photo to security for your ID badge. <input type="checkbox"/> Letter from your university stating you will be in your final or second last year of your medical degree at the time of your elective <input type="checkbox"/> Resume/CV <input type="checkbox"/> Does your university provide an evaluation form or paperwork to be completed following your elective placement? If yes, please attach a copy of the document. 				
DATE :		SIGNATURE:		