# MEDICAL ELECTIVE PLACEMENT

**APPLICATION FORM**

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| --- |
| YOUR DETAILS*(please type in the details)* |
| Name:  | DOB: |
| Address:  |
| Home Phone:  | Mobile Phone: |
| Email Address:  |

|  |
| --- |
| YOUR TERTIARY DETAILS |
| University/Institution Name: |
| Address: |
| Course Title:  | Date of Graduation: |
| Student ID No.: |
| Current Year of Course: |
| Year of Course During Placement: |
| Contact person for Course: |

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| ELECTIVE PLACEMENT DETAILS |
| Preferred Hospital | 1. 2.  |
| Discipline in which Clinical placement is requested*(in order of preference)* | 1. 2. 3.  |
| Preferred Dates | 1. From: To: No. of weeks: 2. From: To No. of weeks:  |

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| --- |
| INDEMNITY:The acknowledges that it accepts liability for personal *(Name of Home University)*injury or damage to property caused by  *(Student’s Name)*In connection with the placement of except to the *(Student’s Name)*extent that negligence on the part of the University of Tasmania caused or contributed to the injury or damage.Signature: Name: Title: Contact Details: Email: University Seal/Stamp: |

**APPLICANT’S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECKLIST -** Supporting documentation required to process your application

Include the following supporting documentation[[1]](#footnote-1):

* Application form \*
* Photo in jpg format
* Letter of recommendation (from your university)
* Proof of Personal Medical Indemnity Protection
* Safety in Practice Agreement \*
* UTAS Health/ Immunisation form /TB \*
* Police Check from your home state or country
* A copy of your most recent Academic Record
* Curriculum Vita
* Copy of driver licence or passport
* IT access forms \*

*\*these forms are available on the website*

Send the application and forms via email to Electives@med.utas.edu.au

1. failure to supply all items will lead to delays in processing the application [↑](#footnote-ref-1)