**INCOMING ELECTIVE**

Please affix a recent passport-sized photograph here.

**APPLICATION FORM**

(Please TYPE. Do **NOT** write.)

|  |
| --- |
| APPLICANT’S PARTICULARS |
| Name (Surname in ALL CAPS):  | GENDER: M / F |
| CITIZENSHIP:  | Date of Birth (dd/mm/yyyy): |
| Email Address: |
| Postal Address: |
| EMERGENCY CONTACT POINT |
| Name: | Relationship: |
| Email address: | Contact Number: |
| BACKGROUND OF EDUCATION |
| Name of School: |
| Current Year of Study: | Year of Study at the start of elective of AUSOM:  |
| Name and Email of School Representative |  |
| CLINICAL PLACEMENT |
| Proposed Start date of Elective placement | dd/mm/yyyy | Proposed End date of Elective placement | dd/mm/yyyy |
| **Choice** | **Preferred department** | **Duration (weeks)** | **Learning outcome** |
| Example | Cardiothoracic surgery | 2 | To observe and experience advanced cardiac surgery. |
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# Note:

1. Please complete the form properly and ensure that the relevant documents are enclosed so as to avoid delay in processing your application.
2. Medical examination report must not be dated more than 6 months from the date of application.
3. All Documents must be in English or translated to English with required certification of authenticity by the school

CHECKLIST OF DOCUMENTS

Completed Application Form with Passport Photo Photocopy of Passport

Letter from University confirming active student status

Letter of Good standing

Proof of Travel Insurance

Immunization clearance form

I have read that the instruction and understand that elective placements applied for are subject to availability of vacancies and supervision and that not all the placement requests will be successful.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name |  | Date |  | Signature |