



CLINICAL ELECTIVE APPLICATION FORM AT EPWORTH RICHMOND

SECTION 1 - General Information - Please complete in CAPITAL letters.

Surname: Given names:

Title: Email:

Nationality: Telephone: Date of birth:

Address:

..... Country: Postcode.....

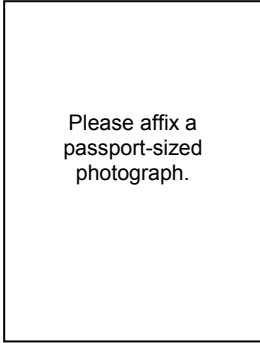
Next of kin or other nominated contact person (in event of an emergency):

Name: Telephone:

Address:

Reason for choosing a clinical elective at Epworth HealthCare:

.....



SECTION 2 - Medical Education

Medical School name:

Medical School address:

..... Country: Postcode.....

Summary of medical education to date (with dates). Complete on an attached sheet if necessary.

.....

.....

.....

Year of your medical course at time of elective: Expected date of graduation as a doctor:month.....year

SECTION 3 – Elective Preferences

At Epworth Richmond, clinical electives are available in Cardiac Services, Emergency Medicine, Critical Care, General Surgery/ Gastroenterology, Obstetrics & Gynecology, Internal Medicine, Musculoskeletal, Neurosciences, and Rehabilitation.

Disciplines to be undertaken (in order of preference)

Proposed date of commencement of elective: 1.

Proposed date of elective completion: 2.

Duration (No. of weeks): 3.

SECTION 4 – Overseas Students

Proposed date of arrival in Australia: Proposed length of stay in Australia:

SECTION 5 – Signature

I certify that the information provided on this form is true, accurate and complete.

Signature:

Date:

Official Use Only

Approved by

.....
Director of Medical Education

.....
Clinical Institute Chairman / Supervisor