



HOME INSTITUTION APPROVAL & CERTIFICATION CLINICAL ELECTIVE AT EPWORTH HEALTHCARE

Name of Medical School:

Address:

To be completed by the Dean or Designate at the Medical School in which the student is currently enrolled

..... is presently in his/ her year of year program of studies towards a medicine degree (MB BS, MD or equivalent).

Assessment of character and conduct:

.....
.....

Assessment of academic ability:

.....
.....

The above named student is covered by the following insurances:

Policy details / numbers:

- Public Liability (Minimum AUD\$ 20,000,000)
- Professional Indemnity/ Medical Malpractice (Minimum AUD\$ 20,000,000)
- Personal accident

Epworth HealthCare requires that all clinical elective students have arrangements for the above insurances either personally or through a policy held by the student's University and designed to protect the student when overseas.

Student's knowledge of English:

- | | |
|--|---|
| Spoken: <input type="checkbox"/> Excellent | Written: <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Poor |

Declaration:

- The above named student is in good standing at this institution, and I support, without reservation, this student for an elective at Epworth HealthCare
- I confirm that the above named student will be a final or penultimate year medical student at the time of the clinical elective

Is there any specific information regarding this student's undergraduate training so far, which you believe would be helpful for us to know?

.....
.....

Signature

Name (please print)

Title

Date

Seal of Medical School