EXTENDED RURAL COHORT STREAM
‘OPT-IN’ APPLICATION FORM
MD STUDENTS

Students must refer to the Extended Rural Cohort Stream ‘Opt-In’ Policy and Procedures prior to completing and submitting this form.

This policy is available at http://medicine.unimelb.edu.au/students/policies

Completed form to be submitted to: Rural Clinical School Manager via e: rcs-admin@lists.unimelb.edu.au or PO Box 6500, Shepparton VIC 3632.

Student name: ______________________________________________________________

Student ID: ______________________ Phone: ________________________________

Email address: ____________________@student.unimelb.edu.au

MD Course Year Level: Year 2 ☐ Year 3 ☐ Year 4 ☐

Allocated Clinical School:
Austin ☐ Northern ☐ RMH ☐ Western ☐ SVH ☐ RCS ☐

Reasons for wanting to join the ERC (outline reasons you feel experience in a rural or regional context would benefit your learning and detail what activities you have already undertaken in this setting):
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Name and contact details of referees:

Name: ______________________________ Contact: ______________________________

Name: ______________________________ Contact: ______________________________

Student signature: _______________________________ Date: ______________