APPLICATION FOR MEDICAL STUDENT ELECTIVE

SURNAME/FAMILY NAME:	
FIRST & MIDDLE NAME/S:	
PREFERRED FIRST NAME:	
GENDER:	
DATE OF BIRTH:	____/_____/_____
ADDRESS:	
PHONE NUMBER:	
EMAIL ADDRESS (use your University approved email only)	
MEDICAL SCHOOL NAME:	
MEDICAL SCHOOL ADDRESS:	
MEDICAL SCHOOL CONTACT:	
YEAR OF COURSE (at time of elective)	
PRPOSED DATES OF ELECTIVE:	

Email all documents listed below as PDFs to rwh-electives@unimelb.edu.au
(DO NOT SEND EXTRA DOCUMENTS UNLESS REQUESTED TO DO SO)

- ☐ **Application form**
- ☐ **Immunisation declaration**
- ☐ **ID photo**
- ☐ **Letter of good standing from your university**
  (This needs to state what year level you will be in at the time you intend to do your elective)
- ☐ **Resume/CV**
- ☐ **Assessment form that your university requires to be signed off (if required)**

DATE: D M Y	**SIGNATURE:**