



Students must refer to the MD Elective Clinical Placement Policy prior to completing and submitting this form.
This policy is available from <http://medicine.unimelb.edu.au/study/current-student-resources>

STUDENT

Student name: _____ Student number: _____

University email: _____@student.unimelb.edu.au Phone: _____

Clinical School: *(please tick if applicable)* Current MD year level: *(please tick)* 1 2 3 4

Austin Epworth Northern RMH Western SVH RCS

ELECTIVE DETAILS

Start date: _____ End date: _____

Date of departure from Australia (For overseas destinations only): _____

Date of return to Australia (For overseas destinations only): _____

Discipline: _____

Organisation: _____

Address: _____

Supervisor name: _____ Supervisor's number: _____

Supervisor's email: _____

Current DFAT travel advice (available from <http://smartraveller.gov.au/countries/Pages/default.aspx>)

(For overseas destinations only): _____

Have you been accepted: *(please circle)* YES / NO (If Yes, please attach confirmation of acceptance)

Have you completed the checklist: *(please circle)* YES / NO (Checklist items on page 2 must be completed)

Brief outline of the nature of the work:

APPROVER

Approved by Clinical Dean / Sub Dean / Course Director:

Name: *(please print)* _____

Signature: _____ Date: _____

Note that electives scheduled during teaching periods will not be approved.

Please sign and return this form to the Clinical School office no later than 8 weeks prior to departure.

CHECKLIST

I have read the MD Elective Clinical Placement Policy and understand it is my responsibility to:

- Read and familiarise myself with the Student Safety Off-Campus website:
<http://safety.unimelb.edu.au/hazard-topics/travel-and-off-campus-work>
- Read and familiarise myself with the Infectious Diseases and Immunisation Policy:
http://mdhs.unimelb.edu.au/___data/assets/pdf_file/0009/1633365/Infectious-Diseases-and-Immunisation-Procedure-20170927-secured.pdf

For overseas travel and placements

- Read and familiarise myself with the Student Travel and Transport Policy: <https://policy.unimelb.edu.au/MPF1209>
- I have discussed elective plans with my treating practitioner or University Health service and have acted upon all advice received in relation to:
 - Fitness to travel
 - Risks, vaccinations and precautions associated with my travel destination
 - Risks, vaccinations and precautions associated with my proposed placement activities

For overseas travel and placements to destinations for which DFAT is currently advising *Reconsider your need to travel* OR *Do not travel*:

- I have applied for an exemption from the Academic Registrar as outlined at: http://ask.unimelb.edu.au/app/answers/detail/a_id/6118

Note: Students undertaking overseas travel who wish to be provided Travel insurance must register with the Insurance Office:
<http://students.unimelb.edu.au/admin/insurance>

Student signature: _____ Date: _____