



STEP 1 – Student details

Student name: _____ Student number: _____

Home Clinical School: _____

Vocational Selective Sequence:

- 1 (6 August – 31 August)
- 2 (3 September – 28 September)
- 3 (1 October – 26 October)

Name of the Academic contact I have checked with prior to approaching supervisor:

Clinical School / Clinical Site / Department: _____

STEP 2 – Supervisor details

Supervisor title: _____

Supervisor name: _____

Supervisor email address: _____ Phone number: _____

Supervisor affiliation (Hospital, University of Melbourne Department, etc):

Clinical discipline: _____

Main location of proposed Vocational Selective: _____

STEP 3 – Proposal

Main learning areas: _____

Intended topic: _____

Indicative activities:

- | | | |
|--|---|---|
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Allied Health | <input type="checkbox"/> Clinic (Public) |
| <input type="checkbox"/> Clinic (Private) | <input type="checkbox"/> Consulting rooms | <input type="checkbox"/> Discharges |
| <input type="checkbox"/> Education sessions | <input type="checkbox"/> Grand Rounds | <input type="checkbox"/> Home visits |
| <input type="checkbox"/> Nursing home visits | <input type="checkbox"/> Outpatients | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Pre-Op Reviews | <input type="checkbox"/> Post-op reviews | <input type="checkbox"/> Research |
| <input type="checkbox"/> Theatre (Private) | <input type="checkbox"/> Theatre (Public) | <input type="checkbox"/> Ward work (Public) |
| <input type="checkbox"/> Ward work (Private) | | |
| <input type="checkbox"/> Other _____ | | |

STEP 4 – Approvals

Proposed Supervisor(s) signature: _____

Academic contact signature: _____

Department of Medical Education signature: _____

Date: _____

OFFICE USE ONLY: Details entered: YES

By: _____ Date: _____