



Application for Medical Student Elective

Surname/Family name	
Given name(s)	
Preferred name	
Gender	
Date of birth	
Address	
Phone number	
Email address (university-approved email)	
Medical School name	
Medical School address	
Medical School contact	
Year of medical degree (at time of elective)	
Proposed dates of elective	

Email all documents listed below as PDFs to mhw-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)**

Signature:	Date: _____/_____/_____
------------	-------------------------