## Application for Medical Student Elective

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<thead>
<tr>
<th><strong>Surname/Family name</strong></th>
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<td><strong>Given name(s)</strong></td>
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<td><strong>Preferred name</strong></td>
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<td><strong>Gender</strong></td>
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<td><strong>Date of birth</strong></td>
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<td><em>(university-approved email)</em></td>
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<td><strong>Medical School name</strong></td>
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<td><strong>Medical School address</strong></td>
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<td><strong>Medical School contact</strong></td>
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<td><strong>Year of medical degree</strong></td>
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<td><strong>Proposed dates of elective</strong></td>
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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)

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<th><strong>Signature:</strong></th>
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### Signature

**Date:** ________/________/_______