



**PART 1 ELECTIVE APPLICATION FORM**

Please read *“Information about Elective Placements”*  
before completing this form. All parts of the form must be completed.

Please submit to Peninsula Clinical School, Level 3 Frankston Hospital, Hastings Rd Frankston Vic 3199 or  
Peninsula Clinical School PO Box 52 Frankston Vic 3199

<p>Title: _____</p> <p>Surname: _____</p> <p>Given Name: _____</p> <p>Address: _____ _____</p> <p>DOB: _____ Telephone: _____ Mob: _____</p> <p>E-Mail : _____</p> <p>NAME OF MEDICAL SCHOOL: _____ CITY: _____</p> <p>COUNTRY: _____</p> <p>Physical or other disabilities which might necessitate special arrangements: _____</p> <p>Year of study at time of proposed elective (5<sup>th</sup>, 6<sup>th</sup>, etc.) _____ Total number of years of the course: _____</p> <p>Clinical Medical experience you will have completed prior to the proposed elective: _____ _____</p> <p>List three (3) elective choices in order of preference. Please include start and end dates.</p> <p><b>1<sup>st</sup> Choice:</b> Elective Topic : _____ Date of Elective: From: _____ To: _____</p> <p><b>2<sup>nd</sup> Choice:</b> Elective Topic: _____ Date of Elective: From: _____ To: _____</p> <p><b>3<sup>rd</sup> Choice:</b> Elective Topic: _____ Date of Elective: From: _____ To: _____</p> <p>If contacts have been made already with staff in this hospital network, please provide the following information:</p> <p>Name: _____ Department Name: _____</p> <p>Telephone No.: _____ Facsimile No.: _____</p> <p>APPLICANT'S SIGNATURE _____ DATE _____</p>	<p>PASSPORT SIZE PHOTO</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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PART 1 continued

**EMERGENCY CONTACT DETAILS:**

**Name:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

\_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**ADDITIONAL PERSONAL DETAILS:**

Please see Part 4: Checklist of Documents which **MUST** be attached to this application

**DECLARATION**

I certify that the information I have provided on this application form is complete and accurate to the best of my knowledge.

I understand that misrepresentation of information on this application form will be deemed as sufficient grounds by the Peninsula Health Clinical School, to withdraw its offer of admission or cancel my resignation.

\_\_\_\_\_

\_\_\_\_\_

**STUDENT SIGNATURE**

**DATE**

Office use only	
.Director Clinical Training .....	Date .....
Clinical Director. ....	Date.....

**PART 2 IMMUNISATION REQUIREMENTS**

Do you meet the immunisation requirements of Peninsula Health:

Please circle YES/NO:

**Please attach written proof (certified copies will suffice) of the immunisations listed below. Please note that for some immunisations we require both evidence of vaccination and of subsequent sero conversion eg hepatitis B**

Medical Practitioner / Nurse Immuniser to write/stamp including Medical Community Health Practice details, qualifications and AHPRA registration number.

**Student Healthcare Worker Immunisation Requirements Document – Fit for Placement**

**STUDENT NAME**.....**D.OB**.....

(From) **EDUCATION PROVIDER NAME** .....

Has met the following Peninsula Health immunisation requirements necessary to undertake a clinical placement as a student health care worker:

<b>Immunisation Requirement</b>	<b>Serology</b>	<b>Date of Vaccination</b>
<b>Measles, Mumps and Rubella (MMR)</b> If born before 1966, nothing is required.  Born during or after 1966 - documented evidence of 2 doses of measles containing vaccine  OR  Positive serology results for Measles, Mumps and Rubella.		
<b>Chickenpox</b> Documented evidence of 2 doses of varicella vaccine OR Positive serology results for Varicella.		1  2
<b>Hepatitis B</b> Documented evidence of doses (age relevant: 2 if vaccinated as a child or 3 as an adult) of hepatitis B vaccine OR Positive antibody serological results $\geq 10$ mIU/ml, indicating immunity in setting of history of primary vaccination course.  <b>Hepatitis A</b> Documented evidence of vaccination against Hepatitis A  Or Student is immune – serology report attached		1.  2.  3.  1.  2.
<b>Mantoux skin test (TST)</b> Baseline test on entry to course has been undertaken.		



<p>Documented evidence of result and for positive results evidence of Infectious Diseases review/follow up of TB risk.</p> <p style="text-align: center;"><b>OR</b></p> <p><b>Quantiferon TB</b> serology test        Baseline test on entry to course has been undertaken.        Documented evidence of result and for positive results evidence of Infectious Diseases review/follow of TB risk.</p> <p><b>NOTE:</b> In the case of a positive result, the student should contact Infection control at Peninsula Health for a case by case review</p>		
<p><b>Pertussis containing vaccine (dTpa)</b> if not given within the past 10years. ADT is <u>not</u> acceptable as this does not provide Pertussis protection.</p>		
<p><b>Annual Influenza:</b> Evidence to be provided each year</p>		

Signature of Health Practitioner ..... Date.....

Peninsula Health July 2014

**PART 3 PROOF OF ENROLMENT**

**To be completed by the applicant's University DEAN or Designate**

**STUDENT NAME:** \_\_\_\_\_

The above-mentioned student is presently enrolled in his/her \_\_\_\_\_ year of a \_\_\_\_\_ year program of studies towards a Doctor of Medicine Degree.

The student will be ENROLLED/REGISTERED in the \_\_\_\_\_ year during the PROPOSED elective.

Progress in the course so far :	Satisfactory	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>
Student's knowledge of English:	(spoken) * slight / good	<input type="checkbox"/>		
	(fluency) * slight / good	<input type="checkbox"/>		
	(written) * slight / good	<input type="checkbox"/>		

Is there any specific information regarding this student's undergraduate training so far, which you believe it would be helpful for us to know?

\_\_\_\_\_  
\_\_\_\_\_

Each student is required to be covered by their home university for Medical malpractice, professional indemnity and personal accident and hold health insurance and must provide proof of these with their application.

Will the student be covered by home University for the insurance specified above Yes  No

The above named student is in good standing at this institution. The student is authorised to take this clinical instruction and (will/will not) receive academic credit for the experience.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name of Person Verifying*

**Title of Person Verifying:** \_\_\_\_\_

**Date:** \_\_\_\_\_

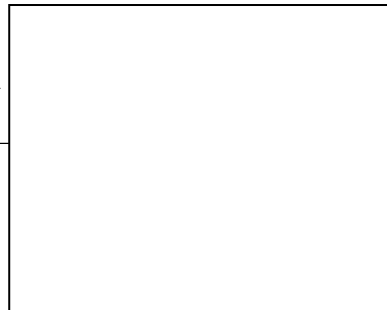
Email: \_\_\_\_\_

**NAME OF MEDICAL SCHOOL:** \_\_\_\_\_

**POSTAL ADDRESS:** \_\_\_\_\_

**WEBSITE** \_\_\_\_\_

**PHONE CONTACT** \_\_\_\_\_



**SEAL OF MEDICAL SCHOOL**

## **PART 4: CHECKLIST OF DOCUMENTS WHICH MUST BE ATTACHED TO THE APPLICATION FORM**

STUDENT NAME: \_\_\_\_\_

**ALL documents required must be included in your application before submission. Your application cannot be considered until all documents are received .**

**The Peninsula Clinical School cannot obtain documents from or approach any organisation on behalf of an applicant in regard to required documentation. The provision of documents is the applicant's responsibility**

This form and the documents listed below **MUST** be included in your application to *Peninsula Clinical School*

N o	Document	Check
1	PART 1 Elective application form (to be completed by applicant)	
2	Passport photo (attached to PART 1)	
3	Curriculum Vitae / Resume	
4	PART 2 Written proof (Certified copies) of proof of immunisation and serology to comply with the attached Peninsula Health schedule.	
5	Details of your undergraduate clinical experience in your present course	
6	Letter setting out what you hope to achieve during your elective placement for your medical course, your career goals and other information relevant to the medical disciplines you have nominated.	
7	Copy of academic transcript	
8	PART 3 Proof of enrolment (to be completed by home medical school)	
9	Medical Indemnity Insurance (by home medical school) – Certified Copy attached	
10	Public liability insurance (by home medical school) - Certified Copy attached	
11	Personal accident insurance (by home medical school) - Certified Copy attached	
12	Valid current certified copy of an Australian National Police Record Check . This can be found at <a href="http://www.police.vic.gov.au/content.asp?Document-ID=274">www.police.vic.gov.au/content.asp?Document-ID=274</a>	
13	Valid current certified copy Working with Children Check. This can be found at <a href="http://www.justice.vic.gov.au/wps/wcm/connect/justlib/Working+With+Children/Home/Application+Process/">http://www.justice.vic.gov.au/wps/wcm/connect/justlib/Working+With+Children/Home/Application+Process/</a>	