



Australian
National
University



Clinical Elective Placement Application Booklet for Non-ANU Medical Students

Before sending in an application, please ensure that you have read and understood the information in the [Clinical Elective Placements Handbook](#).

Please note that receipt of application does not guarantee an offer of placement.

INCOMING CLINICAL ELECTIVE PLACEMENT APPLICATION FORM

(Appendix A)

Applications must be received **at least six months** before the proposed start date of your placement.

Personal Details

Family Name: _____ Given Names: _____

Email Address: _____

Date of Birth: _____ Sex: _____

Country of Citizenship: _____

Home Address: _____

Telephone: _____

Expected Address in Canberra (if known): _____

Emergency Contact Person: _____

Relationship to you: _____ Contact Number: _____

Clinical Elective Details

Please list the preferred departments for your elective placement:

1. _____

2. _____

3. _____

4. _____

Please indicate your preferred commencement date and duration of elective placement:

(Please note placements start on a Monday and finish on a Friday)

Start date: _____ End date: _____ Duration (weeks): _____

If you are requesting an 8-week placement, please indicate if you would like to do two 4-week rotations in different departments: Yes / No (Please circle)

Academic Details

Current University: _____

Name of Medical Degree: _____ Length of degree (years): _____

Current year of study: _____ Expected Graduation (month and year): _____

Faculty Approval (to be completed by Faculty Dean or appropriate Delegate)

I confirm that (student name) _____ is a full time student in good standing at this university.

Name of University: _____

Address of University: _____

Name of Degree the student is enrolled in: _____

Name: _____

Signature: _____

Title/Role: _____

Date: _____

Official University Stamp

Declaration

- I wish to be considered for enrolment to the elective courses I have listed on this form
- I hereby certify that the information I have provided on this application form is correct and complete
- I authorise the University to obtain official records from any educational institution previously attended by me, and acknowledge that the University reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information
- If any information is discovered to be untrue or misleading in any respect, I consent to the University collecting, storing and disclosing this information to Universities Australia and its' member institutions, the Australian Conference of Tertiary Admissions Centres (ACTAC) and any other relevant authority
- I understand that ANU may disclose the personal information I have given in this application to the Department of Education, Employment and Workplace Relations (DEEWR) and that DEEWR will collect and store my personal information for use in connection with the Higher Education Information Management System (HEIMS). DEEWR may also disclose the information to the Australian Taxation Office.

Signature: _____ Date: _____

APPLICATION ADMINISTRATION FEE PAYMENT FORM

(Appendix B)

An **AUD\$100** administration fee must be paid at the time of application.
Your application will not be considered or processed until this fee has been paid.
Please attach proof of payment with your application.

Personal Details

Family Name: _____ Given Names: _____

Email Address: _____

Payment Details (please tick)

I have paid the AUD\$100 administration fee by credit card online using the link below:

<http://onestop.anu.edu.au/html/OSSwebpayment/MEDELECTIVE/payment.html>

I have attached the receipt with my application and/or I will send a receipt via email once I receive it.

I have enclosed an international bank cheque/money order in Australian dollars drawn on an Australian bank and redeemable in Australia. The cheque is made out to the **ANU Medical School**.

Signature: _____ Date: _____

PROHIBITED EMPLOYMENT DECLARATION

Child Protection (Prohibited Employment) Act 1998

(Appendix C)

With the exception of where an order, from the Industrial Relations Commission or the Administration Decisions Tribunal, declares that the Act does not apply to a particular person, the Child Protection (Prohibited Employment) Act 1998 makes it an offence for a person convicted of a serious sex offence (a prohibited person) to apply for, undertake or remain in, child-related employment.

Section 5 of the Child Protection (Prohibited Employment) Act 1998 defines a sex offence as an offence involving sexual activity or acts of indecency that was committed in NSW and that was punishable by penal servitude or imprisonment of 12 months or more, or, an offence involving sexual activity or acts of indecency that was committed elsewhere and that would have been an offence punishable by penal servitude or imprisonment for 12 months or more if it had been committed in NSW.

Child related employment means any employment that primarily involves direct contact with children where that contact is not directly supervised. Section 1 of the Child Protection (Prohibited Employment) Act 1998 specifies that child-related employment is employment:

- Involving the provision of child protection services
- In pre-school, kindergartens and child care centres (including residential child care centres)
- In schools or other educational institutions (not including universities)
- In detention centres (within the meaning of the Child (Detention Centres) Act 1987)
- In refuges used by children
- Inwards of public or private hospitals in which children are patients
- In clubs, associations or movements (including of a cultural, recreational or sporting nature) having a significant child membership
- In any religious organisation
- In any entertainment venues where the clientele is primarily children
- As a babysitter or childminder that is arranged by a commercial agency
- Involving fostering or other child care
- Involving regular provision of taxi services for the transport of children with a disability
- Involving the private tuition of children
- Involving the direct provision of health services
- Involving the provision of counselling or other support services for children
- On school buses
- At overnight camps for children

Under this Act

- It is an offence for a prohibited person to apply for, undertake or remain in child-related employment
- Employers must ask existing employees, both paid and unpaid, and preferred applicants for employment to declare whether they are a prohibited person or not
- All child-related employees must inform their employees if there're a 'prohibited person' or remove themselves from child-related employment
- Penalties are imposed for non-compliance

Declaration

I am aware that I am ineligible to apply for, undertake or remain in, child-related employment if I have been convicted of a serious sex offence' as defined in the child protection act 1998

I have read and understood the above information in relation to the child protection act 1998 and understand my responsibilities and obligations under this Act

I declare that I am not a person prohibited by the Act from seeking, entertaining, or remaining in child-related employment.

Name: _____

Signature: _____ Date: _____

Note: Seek independent legal advice if you are unsure of your status as a prohibited person.

SCREENING AND VACCINATION DECLARATION FORM

(Appendix D)

As a Clinical Placement student at the ANU Medical School, you are required to comply with the ANU Medical School Infectious Diseases screening and Immunisation Policy. This policy is available online at <https://policies.anu.edu.au>.

Personal Details and Declaration

Family Name: _____ Given Names: _____

Email Address: _____

Date of Birth: _____

I am aware that I am required to comply with the ANU Medical School Infectious Diseases screening and Immunisation Policy for students undertaking clinical placements in health facilities and have read the information available at <https://policies.anu.edu.au>.

I am aware that additional screening and vaccination requirements (Appendix E) are mandatory before I can start my elective placement and I will provide this to the ANU Medical School **at least 2 months prior** to my placement commencement date.

Signature: _____ Date: _____

CLINICAL PLACEMENT SCREENING AND VACCINATION

(Appendix E)

Please note that Appendix E will be sent once a placement is confirmed

All clinical placement medical students must provide documented evidence for their Screening and Vaccination **at least 2 months prior** to their clinical placement. This documentation can be sent via email, ensuring the scanned copies are of high quality. The documentation in Appendix E is summarised below:

- ACT Health Information Sheet 2: Checklist of Required Evidence of Protection (read only)
- ACT Health Information Sheet 3: Risks, Consequences of Exposure and Protective Measures (read only)
- ACT Health Form 1: Participation in Occupational Assessment, Screening and Vaccination
- ACT Health Form 3: Tuberculosis Assessment Tool
- Health Vaccination and Screening Card Instructions (read only)
- Health Vaccination and Screening Card
- ACT Health Student and Trainee Placement Acknowledgement Form
- Authorisation to release Police Check Status
- Authorisation to release Immunisation Status

If you have any questions in regards to the Vaccination and Screening requirements detailed in Appendix E please contact:

Lyndall Thorn
Clinical Skills Manager
ANU Medical School
College of Health and Medicine

Phone: +61 2 6244 3600

Email: Lyndall.Thorn@anu.edu.au

ADDITIONAL APPLICATION DOCUMENTS

To apply for a clinical elective placement with the ANU Medical School, please send this completed application booklet to elective.medicalschool@anu.edu.au along with the following documents:

- A copy of your resume/CV, specifically outlining your previous clinical experience
- Letter of Good Standing from your home university Faculty Dean
- A passport sized photo endorsed on the reverse by your Faculty representative
- Proof of English Language Proficiency (if applicable)