



Australian
National
University



INCOMING CLINICAL ELECTIVE PLACEMENT APPLICATION BOOKLET

FOR NON-ANU MEDICAL STUDENTS

Before submitting 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.

ANU College of
Health and Medicine

INCOMING CLINICAL ELECTIVE PLACEMENT APPLICATION

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: _____

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: _____ Student ID Number: _____

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 certify that (student name) _____ is a full time student in good standing at this university and I confirm that they will have completed at least 12 months of clinical experience prior to commencing the clinical elective placement under application.

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 clinical placement in the department/s I have listed on this form
- I understand that I am not enrolling in a course/program at the Australian National University (ANU) and I will not be considered a student of ANU. I will not receive academic credit or graded assessment from ANU for my clinical placement with ACT Health/Canberra Health Services.
- I acknowledge that I will not be covered by ANU insurance and I am required to arrange my own personal accident insurance, professional indemnity insurance and public liability insurance as required by ACT Health/Canberra Health Services.
- I hereby certify that the information I have provided on this application form is correct and complete
- I authorise the Australian National University (ANU) to obtain official records from any educational institution previously attended by me, and acknowledge that the ANU reserves the right to vary or reverse any decision regarding this application on the basis of incorrect or incomplete information
- I consent to ANU disclosing personal information I have provided in this application to the ACT Health Clinical Placements Office for the purpose of organising my clinical elective placement and with the Australian Health Practitioner Regulation Agency (AHPRA) for the purpose of registration with AHPRA.

Signature: _____ Date: _____

APPLICATION ADMINISTRATION FEE PAYMENT

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 except where a fee waiver agreement exists between the student's institution and the Australian National University. 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:

https://anu.onestopsecure.com/OneStopWeb/OP/tran?UDS_ACTION=DEFAULT&UDS_ACTION_DATA=ZVpQc0JDUQBOXCEDQEJDdixfQnc6LkYbXjl2WXJAIDZ7QSsn

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

Signature: _____ Date: _____

ELECTIVE PLACEMENT FEE FOR INTERNATIONAL STUDENTS

An additional elective placement fee is charged to international students which must be paid a minimum of one month prior to starting a clinical elective placement.

- 4 week placement = AU\$650
- 5-8 week placement = AU\$800

This fee only applies to students who are completing their medical degree at an overseas university. Students of any nationality who are enrolled at an Australian university are considered domestic students for the purpose of a clinical elective placement and are exempt from the elective placement fee. (Domestic students are required to pay the AUD\$100 administration fee only).

International students whose institution has a fee waiver agreement with the Australian National University are exempt from the elective placement fee.

If you cancel your placement prior to the commencement date, the elective placement fee may be refunded. However, students who fail to notify the ANU Medical School of their intent to cancel prior to the commencement date will forfeit all fees.

SCREENING AND VACCINATION DECLARATION FORM

As a student on clinical placement with ACT Health/Canberra Health Services, you are required to comply with the Canberra Hospital and Health Services [Occupational Assessment, Screening and Vaccination procedure](#) and must provide documentary evidence for all requirements at least 2 months prior to commencement of the placement.

Personal Details and Declaration

Family Name: _____ Given Names: _____

Email Address: _____

Date of Birth: _____

I am aware that I am required to comply with the Canberra Hospital and Health Services Occupational Assessment, Screening and Vaccination procedure and have read the information available at:

<https://www.health.act.gov.au/sites/default/files/2020-06/Occupational%20Assessment%2C%20Screening%20and%20Vaccination%20Procedure%20CHS17-233.pdf>

I am aware that upon confirmation of a clinical elective offer I will be sent additional screening and vaccination requirements that are mandatory and must be completed before I can start my elective placement. I will provide this to the ANU Medical School **at least 2 months prior** to my placement commencement date.

Signature: _____ Date: _____

ENGLISH PROFICIENCY

Non-ANU clinical elective students are required to meet the same English proficiency requirements as ANU medical students. Students who are citizens of particular countries (including Australia) and who have undertaken study in English in particular countries may be exempt from sitting an English language test. Please refer to the list of 'Group A' countries and full criteria in the policy on the [ANU website](#). Students who do not meet the English language requirements on the basis of citizenship or prior study will be required to provide results from one of the English language tests detailed below. Test results must be dated within the past 2 years.

Test Name	Minimum Score Requirement
Academic IELTS	An overall score of 7.0 with a minimum 6.0 in each component of the test.
TOEFL - paper based test	A score of 600 with a TWE score of 5.0 (Test of Written English).
TOEFL - internet based test	An overall score of 100, with a minimum of 22 in each component of the test
Cambridge CAE Advanced (Post 2015)	An overall score of 185 with a minimum of 169 in all sub-skills.
PTE Academic	An overall score of 70 with a minimum score of 60 in each of the communicative skills.

ADDITIONAL APPLICATION DOCUMENTS

To apply for a clinical elective placement with ACT Health/Canberra Health Services, please send this completed application booklet to elective.medicalschool@anu.edu.au along with the following documents:

- A copy of your Curriculum Vitae (CV). This must include an outline of your previous and upcoming clinical experience. The department name/location and start/end dates should be specified for all clinical placements and rotations. Note, you must have completed a minimum of 12 months' clinical experience by the time of commencement (not necessarily at the time of application).
- A faculty letter of recommendation from your university which verifies your clinical experience and good standing in the medical program at that institution.
- A faculty representative from your university must sign and stamp the Faculty Approval section on page 3 of this application booklet in addition to providing the recommendation letter noted above.
- A scanned copy of your passport (must be scanned in colour and high quality).
- Evidence that you meet the [English proficiency requirements](#) (if applicable).

PRIVACY STATEMENT

The Australian National University is bound by the Privacy Act 1988 (Cth) and complies with the Australian Privacy Principles and ANU Privacy Policy when dealing with your personal information. You can contact us about your personal information at privacy@anu.edu.au to make a complaint or inquiry.