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.
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: _____________________________________________

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:
   
   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
(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’s 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.
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.

<table>
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<tr>
<th>Personal Details and Declaration</th>
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<tbody>
<tr>
<td>Family Name: ____________________ Given Names: ______________________</td>
</tr>
<tr>
<td>Email Address: __________________</td>
</tr>
<tr>
<td>Date of Birth: __________________</td>
</tr>
</tbody>
</table>

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
- Medical Student Mandatory Screening and Vaccination Card Instructions (read only)
- Medical Student Screening and Vaccination Card
- ACT Health Student and Trainee Placement Acknowledgement Form
- Authorisation to release Police Check Status
- Authorisation to release Immunisation Status

Please include all vaccination history on the Medical Student Screening and Vaccination Card and ensure it is certified by your vaccination provider. Any questions regarding your immunisation or vaccination history should be directed to your local GP or vaccination provider.

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 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)