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.
INCOMING CLINICAL ELECTIVE PLACEMENT APPLICATION FORM

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

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<tr>
<th><strong>Personal Details</strong></th>
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<tr>
<td>Family Name: ______________________________</td>
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<tr>
<td>Given Names: ______________________________</td>
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<tr>
<td>Email Address: _____________________________________________________________________________</td>
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<tr>
<td>Date of Birth: _________________________________________ Sex: _________________________________</td>
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</table>
| Country of Citizenship: _______________________________________________________________________
| Home Address: _____________________________________________________________________________ |
| Telephone: ___________________________________________ |
| Emergency Contact Person: ___________________________________________________________________ |
| Relationship to you: ______________________________ Contact Number: __________________________ |

<table>
<thead>
<tr>
<th><strong>Clinical Elective Details</strong></th>
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<td>Please list the preferred departments for your elective placement:</td>
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<td>1. ____________________________________________________________________________________</td>
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<td>2. ____________________________________________________________________________________</td>
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<td>3. ____________________________________________________________________________________</td>
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<td>4. ____________________________________________________________________________________</td>
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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 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

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 here.

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

Signature: ___________________________________________ Date: ________________
PROHIBITED EMPLOYMENT DECLARATION

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

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 and complete all additional mandatory screening and vaccination requirements 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 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/ppl/document/ANUP_000420

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: __________________

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 Curriculum Vitae (CV)
- A faculty letter of recommendation from your university which includes details of your previous and upcoming clinical experience, of which you must have completed a minimum of 12 months’ at the time of commencement (not at time of application). This can be shown by specifying the location, start and end dates and the department of each placement. These details should also be provided in your CV.
- A scanned coloured copy of your passport
- If you are an international student, you must provide supporting evidence that you meet the ANU English language requirements for admission