

ELECTIVES PROGRAM

PROOF OF ENROLMENT FORM

To be completed by the applicant's University or Medical School Dean or Designate

Proof of Enrolment

Student name in full

Which year is the above-mentioned student currently undertaking?

How many years of study towards a Doctor of Medicine Degree?

During proposed elective period, the student will be undertaking?

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

Student Academic Progress

Progress in the course so far: Satisfactory Unsatisfactory:

Student's knowledge of English:	Spoken		Fluency		Written	
	slight <input type="checkbox"/> Good <input type="checkbox"/>	Slight <input type="checkbox"/> Good <input type="checkbox"/>	Slight <input type="checkbox"/> Good <input type="checkbox"/>	Slight <input type="checkbox"/> Good <input type="checkbox"/>		

Clinical/medical experience the student will have completed prior to the proposed elective period:

Student Liability

Each student is required to be covered by liability insurance and personal health insurance.

Will the student be covered by the insurance specified above: Yes No

Declaration of Good Standing

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

Signature: Name of person verifying:

Title of person verifying:

Date:

Name of Medical School

Address:

<input type="text"/>	School seal/stamp
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	