

Co-curricular application form

A co-curricular program is a not for credit program aimed to provide students with voluntary workplace experience over and above the requirements of their courses. Faculty of Medicine, Nursing and Health Sciences Students applying for a program are required to complete this application form to register their interest.

Programs

- FitSkills Program
- Collaborative Indo-Pacific Health Care Program
- Research internship program
- Voluntary Community healthcare program

Eligibility

To be eligible, students must have completed 48 credit points in a course offered by the Faculty of Medicine, Nursing and Health Sciences. Students must be currently enrolled in:

- the second, third or fourth year of an undergraduate course (except MBBS & BMedSc/MD); or
- a postgraduate diploma/certificate/masters course; or
- the third, fourth or fifth year of the Bachelor of Medical Science and Doctor of Medicine.

Program information

<https://www.monash.edu/medicine/study/current-students/co-curricular-programs>

Process

1. Complete Sections A – E of this application form
2. Submit your application form along with any other supporting documentation that may be requested to your School/Department for their assessment.
3. Add the Monash Activity to your employability record in Student Futures (<https://student-futures.monash.edu>)

Applications must be received at least 4 weeks prior to the planned commencement of the placement.

Program commencement

Students will be advised in writing of the outcome of their application.

Once approval has been granted, your participation in the Voluntary Workplace Activities that Support Community Health program will be recorded on the student database and you may commence your volunteering program as scheduled.

The Agency will conduct induction training with you in safety procedures relevant to the Volunteering experience at the commencement of the activity.

Program conclusion

At the conclusion of your volunteering program you must:

1. Provide a "[Confirmation of completion](#)" statement signed by the supervisor at the volunteering agency, stating the required number of hours of the volunteering activity has been completed.
2. Submit a 500 word report of the experience to your course coordinator within 2 weeks of completing the volunteering activity.

Your participation in the program as listed in section A will appear on your Australian Higher Education Graduation Statement (AHEGS).

Students who complete one of the registered programs listed on this form will receive a certificate of completion from Student Futures.

Department of Foreign Affairs and Trade (DFAT) Travel Advice and Warnings

You are responsible for checking the DFAT warning level of the country you intend to travel to prior to leaving Australia. Monash will not approve participation in the program in counties where the DFAT warning level is 3 or 4.

You are advised to subscribe to [Smartraveller](#) to receive email notifications when the information for your destination changes.

PRIVACY STATEMENT

The information on this form is collected for the primary purpose of your application. Other purposes of collection include creating or changing enrolment records on the student database, attending to administrative matters, corresponding with you and statistical analyses. If you choose not to complete all the questions on this form, it may not be possible for the university to assess your application. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on 9905 6011.

RECEIVED

Please retain this copy as proof that your application has been submitted

Student ID number

□	□	□	□	□	□	□	□
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CO-CURRICULAR APPLICATION FORM

SECTION A PROGRAM (tick applicable program)									
<input type="checkbox"/> Collaborative Indo-Pacific Health Care Program	<input type="checkbox"/> FitSkills Program								
<input type="checkbox"/> Research internship program	<input type="checkbox"/> Voluntary Community healthcare program								
<input type="checkbox"/> Other (Please specify) _____									
SECTION B PERSONAL DETAILS									
Monash Student ID:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
Family Name: _____	Given Name(s): _____								
SECTION C DETAILS OF CURRENT ENROLMENT									
Course Name: _____									
Campus: _____	Course Code: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>								
Are you an international student? Yes <input type="checkbox"/> No <input type="checkbox"/>									
SECTION D EMERGENCY CONTACT FOR DURATION OF PLACEMENT									
Family Name: _____									
Given Name(s): _____	Title: _____								
Phone number/s: _____									
SECTION E STUDENT UNDERSTANDING OF VOLUNTEER PROGRAM OBLIGATIONS									
Tick to confirm you understand that by participating in this program, you:									
<input type="checkbox"/> will be doing volunteer work only <input type="checkbox"/> will be supernumerary to the ordinary staffing requirements of the agency <input type="checkbox"/> may cease participating in the volunteer activity at any time <input type="checkbox"/> will need to provide signed evidence that you have completed a minimum of 30 hours attendance plus a 500 word written reflection within the designated timeframes <input type="checkbox"/> will not be doing a job that would usually be conducted as paid work <input type="checkbox"/> are bound by or conform to any rule, regulation, protocol, procedure or by-law of the Agency or the Agency has the right to request that you cease the volunteering activity <input type="checkbox"/> need to provide emergency contact details for the period of this placement <input type="checkbox"/> are responsible for checking the DFAT warning level of the country prior to leaving Australia. Monash will not approve participation in the program in counties where the DFAT warning level is 3 or 4.									
SECTION F STUDENT DECLARATION									
<p>I declare that the information supplied on this form and the information given in support of my application is correct and complete. I authorise the University to obtain official student records to make an informed decision about the application or matters that concern my enrolment. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in a delay or a change in the assessment of my application. I consent to receiving information electronically and agree to access the correspondence of my Monash University email account on a regular basis.</p>									
Student Signature: _____	Date: _____								

SECTION G COURSE COORDINATOR (or nominee) CHECKLIST

Please tick to confirm you have provided the student with the following:

	COURSE COORDINATOR USE ONLY
<input type="checkbox"/> a timetable for activities describing the accumulation of a minimum of 30 hours in volunteering activities over the over the period of the volunteering program	<input type="checkbox"/>
<input type="checkbox"/> the dates the volunteering program will be undertaken	<input type="checkbox"/>
<input type="checkbox"/> the specific learning objectives associated with the proposed activity that focus on the volunteering experience	<input type="checkbox"/>
<input type="checkbox"/> all participation requirements (for the organization in which the activity occurs and for the student)	<input type="checkbox"/>
<input type="checkbox"/> supervisor details	<input type="checkbox"/>
Please tick to confirm you have:	<input type="checkbox"/>
<input type="checkbox"/> Received a summary of obligations from the volunteer agency	<input type="checkbox"/>
<input type="checkbox"/> Received any relevant rules, regulations, protocols, procedures and by-laws of the Agency	<input type="checkbox"/>
<input type="checkbox"/> Read and understood the current DFAT travel advice in respect of the proposed travel. The country's current level is _____ as of the date _____	<input type="checkbox"/>
<input type="checkbox"/> Volunteering Agreement signed by the authorised signatory of the volunteer organisation	<input type="checkbox"/>
<input type="checkbox"/> Volunteering Agreement signed by the Faculty Manager (who will submit the original signed copy to the University's Solicitors Office)	<input type="checkbox"/>
<input type="checkbox"/> Copy of Volunteering Agreement to be retained by the course coordinator or approving Monash staff member	<input type="checkbox"/>
<input type="checkbox"/> Copy of Volunteering Agreement provided to the volunteering agency	<input type="checkbox"/>
<input type="checkbox"/> Copy of Volunteering Agreement provided to the student	<input type="checkbox"/>
<input type="checkbox"/> Co-curricular program is registered with Monash Abroad.	<input type="checkbox"/>

Program participation Approved Declined

Course coordinator/ nominee name: _____

Course coordinator/ nominee signature: _____ Date: _____

Course coordinator to forward completed form (all boxes ticked, dated & signed) and associated documentation to Course Administrator

SECTION H COURSE ADMINISTRATOR CHECKLIST

Eligibility requirements checked and met

- All sections of the form completed and signed by the student and course coordinator or nominee
- Volunteering Agreement signed by the volunteer agency and the faculty authority
- Send student a confirmation letter
- Copies of the application form, student outcome letter, program proposal and signed agreement uploaded to TRIM and/or UniCRM.
- Unit set added to the student's record as confirmed
- Monash Abroad notified of student's participation in program (student will be covered by insurance through Monash Abroad)

Callista updated by: _____ Date: _____

