



EASTERN HEALTH ELECTIVES PROGRAM

PROOF OF ENROLMENT FORM

*** To be completed by the applicant's University DEAN or Designate ***

Proof of Enrolment

Student (full) Name

Which year is the above-mentioned student currently undertaking?

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

During the proposed elective, which year will the student be in?

Is there any specific information regarding this student's undergraduate training so far, 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"/>			

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

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:	<input type="text"/>	School seal/stamp
Date:	<input type="text"/>	
Name of Medical School	<input type="text"/>	
Address:	<input type="text"/>	