

APPLICATION FOR ELECTIVE
DEPARTMENT OF PAEDIATRICS - UNIVERSITY OF MELBOURNE



Full Name:	Date of Birth:
Address:	
Telephone:	Citizenship:
Fax:	
Email:	
University/Medical School:	
Local Coordinator:	
Telephone:	
Fax:	
Level of Education (at time of proposed placement):	
Length of course:	
Grades:	
Have you completed any training in Paediatrics?	Yes / No
Proposed Dates of Elective Period - RCH can only accommodate a maximum of 4 weeks	
Earliest start date:	
Latest finishing date:	
Please list, in order of priority, the areas you would like to spend during your elective period for example: ED, Surgery, Endocrine etc	
1.	
2.	
3.	
4.	
Emergency Contact Name:	
Telephone:	
Relationship to Student:	

Please Return this form to:
 Elective Program Coordinator
 Department of Paediatrics
 The University of Melbourne
 Royal Children's Hospital
 Parkville Vic 3052, Australia
 email: rch.elective@rch.org.au