

Dear Medical Student,

Thank you for your enquiry about an elective with the University of Melbourne's Department of Paediatrics at the Royal Children's Hospital.

Electives for visiting students are normally offered for a period of 4 weeks, subject to availability. Any offer of an elective is made on the understanding that the overall total duration of electives performed at Melbourne University will not exceed 4 weeks.

It is recommended that you apply a minimum of 12 months in advance of your proposed elective period. Please check you have the correct dates when you apply as sometimes they cannot be changed.

To apply for an elective placement, please return the following to us:

1. Completed official application form,
2. A copy of your Curriculum Vitae,
3. A letter of reference from your medical school stating that you are a medical student and that you will be in your final year at the time of the elective,
4. A document of evidence of cover for Public Liability, Professional Indemnity/Medical and Health Malpractice and Personal Accident Insurance. Your Medical School should be able to provide you with this. This must be an original document printed on the school letterhead. Please note that if you accept this elective you will not be an enrolled student of this University, and you will therefore **not be covered** by the University of Melbourne's insurance.

International students should contact the nearest Australian Embassy to confirm details of visa requirements, permissible length of stay etc. Any elective is subject to a visa being granted. Our department cannot provide any assistance with Visa applications, as these are dependant on your country of origin.

As we receive many requests for electives and places are limited, please return the application form as soon as possible to maximize your chance of a placement. Successful applicants should be notified within 30 days of receipt of their application. It may be that disciplines selected have already been allocated to other students in which case you should indicate if you would be willing to be placed in another available department.

If we are able to offer you an elective you will be required to accept the offer and pay an administrative fee of AUD \$400.00 (non refundable) by bank cheque made payable to the Department of Paediatrics within 30 days to confirm the offer. Credit Card Payments may be made on request. If we have not heard from you within the 30 days we will assume you do not wish to do your elective with us.

Please note:

- We are not able to offer you any remuneration or employment.
- Accommodation is not provided. You will need to arrange your own accommodation.

We look forward to receiving your application.

Yours sincerely,

Ms Andi Jansz-Gallent
Elective Program Administrator
Department of Paediatrics
Royal Children's Hospital
The University of Melbourne
Parkville Victoria 3052 Australia
Fax: +61 3 9345 6667
Email: andi.janszgallent@rch.org.au

DOCUMENT CHECKLIST

To ensure your application is processed with a minimum of delay, please ensure that all the required documentation is attached by completing the following checklist .

Attached	Document
<input type="checkbox"/>	Completed application form
<input type="checkbox"/>	Curriculum Vitae
<input type="checkbox"/>	Original letter from Medical School stating that you are a Medical Student and that you will be in your final year at the time of the elective placement
<input type="checkbox"/>	Original letter from Medical School providing evidence of cover for Public Liability, Professional Indemnity/Medical and Health Malpractice and Personal Accident Insurance

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 Period of Placement (number of weeks): Please note: RCH can only accommodate a maximum of 4 weeks	
Proposed Dates of Elective Period:	
Earliest start date:	
Latest finishing date:	
Please list, in order of priority, the areas you would like to spend during your elective period i.e. ED, Surgery, Endocrine etc.	
1.	
2.	
3.	
4.	
5.	
Emergency Contact Name:	
Telephone:	
Contact Details:	
Relationship to Student:	

Return this form to Ms Andi Janz-Gallent
 Elective Program Administrator
 Department of Paediatrics
 The University of Melbourne
 Royal Children's Hospital
 Parkville Vic 3052, Australia