



University of Sydney, Faculty of Medicine  
Sydney Medical School Nepean  
ELECTIVE APPLICATION FORM

*Owing to the large number of applicants for places, we cannot accept students who have arranged placements at other Clinical Schools of the University of Sydney, Faculty of Medicine*

**PLEASE PRINT IN BLACK INK:**

FAMILY (LAST NAME): \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

MALE ☐ FEMALE: ☐

**YOUR** UNIVERSITY MEDICAL SCHOOL: \_\_\_\_\_

**POSTAL ADDRESS:** \_\_\_\_\_

**STUDENT CONTACT INFORMATION:**

TEL: \_\_\_\_\_ EMAIL: \_\_\_\_\_ FAX No: \_\_\_\_\_

- *At the time of this elective I will be in my final or penultimate year of study.*
- *I declare that I will advise the Sydney Medical School Nepean should there be any change in my circumstances that would lead to ALL Declarations including Vaccination Declaration and/or Criminal Record Check no longer being accurate.*
- *I have not accepted a placement at another Clinical School of the University of Sydney.*

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

No. of Weeks/Days required to complete placement: \_\_\_\_\_

Preferred Elective date/s:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Please list preferred elective specialties:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_