



THE UNIVERSITY OF  
**SYDNEY**

THE UNIVERSITY OF SYDNEY CENTRAL CLINICAL SCHOOL  
FACULTY OF MEDICINE AND HEALTH

CHECKLIST – DOCUMENTS REQUIRED FOR AN ELECTIVE PLACEMENT

A. IN THE FIRST INSTANCE (TO HOLD AN ELECTIVE PLACEMENT):

- A letter of good standing from a senior member of your school – dated within the last 12 months
- Written proof from your University or other appropriate body that you are covered by insurance for medical indemnity and public liability while doing your elective in Australia - sent with a certified English translation if necessary
- Elective application form
- Prohibited employment declaration
- NSW Health code of conduct agreement
- \$200 Application fee

Once you have the above documents, complete the application form on your computer, then print and sign where necessary. Please check the most recent availability before completing the Elective application form as placements are constantly changing

NOTE: Elective placements will not be held for you under any circumstances, until a complete initial application is received

B. TO FOLLOW WITHIN 10 WEEKS AFTER YOUR PLACEMENT HAS BEEN CONFIRMED

- National police check from AFP (Australian Federal Police) **ORIGINAL required**  
(must be dated within 3 years of the last day of your elective)  
[https://www.slhd.nsw.gov.au/CCPU/student\\_nonEnrolled.html](https://www.slhd.nsw.gov.au/CCPU/student_nonEnrolled.html)
- Criminal record check – state wide (for students studying in an overseas University) **ORIGINAL required**  
(must be dated within 3 years of the last day of your elective, online or local checks are not accepted)
- Elective fee
- NSW vaccination card - [https://www.slhd.nsw.gov.au/CCPU/student\\_nonEnrolled.html](https://www.slhd.nsw.gov.au/CCPU/student_nonEnrolled.html) - all immunisation information is provided at this website please click immunisation history and complete as instructed – SCANNED ACCEPTED  
The NSW Vaccination card is to be completed by a health professional, it must be signed AND have the practice stamp affixed to it so it is a legal and valid entry

**NOTE:** If the above documents are not received within the 10 week period, your placement will be **cancelled** and offered to another student.

All correspondence should be directed to: [rpa.electives@sydney.edu.au](mailto:rpa.electives@sydney.edu.au)

Post:

Duriye Varol  
Electives Coordinator  
Central Clinical School  
Building 63, Level 4  
Royal Prince Alfred Hospital  
Missenden Road, Camperdown  
NSW 2050 Australia



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ELECTIVE APPLICATION FORM

TITLE	<input type="checkbox"/> MR	<input type="checkbox"/> MISS	<input type="checkbox"/> MS	<input type="checkbox"/> MRS	<input type="checkbox"/> OTHER
FIRST NAME					
MIDDLE NAME					
SURNAME					
NOTE: These must be your legal names as stated on your passport					
DATE OF BIRTH <small>day/month/year</small>	PLACE OF BIRTH			NATIONALITY	
FULL POSTAL ADDRESS (in English)					
TELEPHONE					
EMAIL					
AT THE TIME OF THE ELECTIVE, I WILL BE IN YEAR _____ OF A _____ YEAR PROGRAM					
HOME UNIVERSITY					
I AM APPLYING FOR A	<input type="checkbox"/> SHORT TERM ELECTIVE < 8 weeks		<input type="checkbox"/> LONG TERM ELECTIVE > 8 weeks		
ELECTIVE STUDENT DECLARATION:					
<ul style="list-style-type: none"> <li>• I declare that at the time of this elective I will be in my final or penultimate year of study</li> <li>• I declare that this application is for a placement that will ONLY contribute towards my elective term and no other term or block</li> <li>• I declare that I have read and agree to all information and conditions relating to the electives on the Sydney Medical School Central's website</li> <li>• I declare that I will advise the Sydney Medical School Central should there be any change in my circumstances that would lead to my Prohibited Employment Declaration, Vaccination Declarations and /or Criminal Record Check no long being accurate</li> <li>• I understand that all fees are non-refundable or governed by the rules set out on the fees and refund page of the Sydney Medical School Central's elective website</li> <li>• I acknowledge that my details and those of my placement will be registered with the Australian Health Practitioner Regulation Agency (AHPRA)</li> </ul>					
SIGNATURE <small>PRINT AND SIGN</small>				DATE <small>day/month/year</small>	
ELECTIVE COMMENCEMENT DATE <small>*MUST BE A MONDAY</small>				DURATION: WEEKS	
PREFERRED ELECTIVE SPECIALTIES					
NOTE: only list places that are shown to be available on the availability sheet in the electives section of the website					
1.					
2.					
3.					
4.					
COMMENTS:					

## NSW Health Code of Conduct Agreement for Students

### Step 1: Read the NSW Health Code of Conduct

The NSW Health Code of Conduct is available here:

[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015\\_049.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf)

### Step 2: Enter your details

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Student ID: \_\_\_\_\_

University/TAFE/Training Organisation: \_\_\_\_\_

Email address: \_\_\_\_\_

### Step 3: Declaration and signature

- 1. I have read and understood the NSW Health Code of Conduct, and agree to comply with its provisions at all times whilst attending student placements in NSW Health.*
- 2. I undertake that if I am charged or convicted of any criminal offence after the date of my National Police Certificate that I will notify NSW Health before continuing with my clinical placement.*
- 3. I declare that the information I have provided to NSW Health for the purpose of undertaking student placements is correct to the best of my knowledge. I understand that if I am found to have deliberately withheld or provided false information, my placements may be withdrawn.*

Signature: \_\_\_\_\_

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

# **PROHIBITED EMPLOYMENT DECLARATION**

## **Child Protection (Prohibited Employment) Act 1998**

**With the exception of where an order, from the Industrial Relations Commission or the Administrative Decisions Tribunal, declares that the Act does not apply to a particular person, the Child Protection (Prohibited Employment) Act 1998 makes it an offence for a person convicted of a serious sex offence (a prohibited person) to apply for, undertake or remain in, child-related employment.**

Section 5 of the Child Protection (Prohibited Employment) Act 1998 defines a sex offence as an offence involving sexual activity or acts of indecency that was committed in NSW and that was punishable by penal servitude or imprisonment of 12 months or more, or, an offence involving sexual activity or acts of indecency that was committed elsewhere and that would have been an offence punishable by penal servitude or imprisonment for 12 months or more if it had been committed in NSW.

Child-related employment means any employment that primarily involves direct contact with children where that contact is not directly supervised. Section 1 of the Child Protection (Prohibited Employment) Act 1998 specifies that child-related employment is employment:

- involving the provision of child protection services
- in pre-school, kindergartens and child care centres (including residential child care centres)
- in schools or other educational institutions (not including universities)
- in detention centres (within the meaning of the Child (Detention Centres) Act 1987)
- in refuges used by children
- in wards of public or private hospitals in which children are patients
- in any religious organisation
- in any entertainment venues where the clientele is primarily children
- as a babysitter or childminder that is arranged by a commercial agency
- involving fostering or other child care
- involving regular provision of taxi services for the transport of children with a disability
- involving the private tuition of children
- involving the direct provision of health services
- involving the provision of counselling or other support services for children
- on school buses
- at overnight camps for children

### **Under this Act:**

it is an offence for a prohibited person to apply for, undertake or remain in child-related employment

employers must ask existing employees, both paid and unpaid, and preferred applicants for employment to declare whether they are a prohibited person or not

all child-related employees must inform their employees if they are a 'prohibited person' (someone who has been convicted of a serious sex offence) or remove themselves from child-related employment

penalties are imposed for non compliance

### **Declaration:**

**I am aware that I am ineligible to apply for, undertake or remain in, child-related employment if I have been convicted of a "serious sex offence" as defined in the Child Protection (Prohibited Employment) Act 1998.**

**- I have read and understood the above information in relation to the Child Protection (Prohibited Employment) Act 1998 and understand my responsibilities and obligations under this Act.**

**- I declare that I am not a person prohibited by the Act from seeking, entertaining, or remaining in child-related employment**

**Name:**

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**Signature:**

**PRINT AND SIGN**

**Date: (day/month/year)**

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**Note: Seek independent legal advice if you are unsure of your status as a prohibited person**