



PERSONAL DETAILS

Title (*Mr, Mrs, Ms, Miss*)

Surname

Given Names

Address

Country:

Telephone number

Fax number

Email address

Citizenship

Date of birth

**Place where you will
apply for a visa (e.g.
Bonn)**

Name of your university

**Will you be in the final
year of your medical
degree at the time of your
elective?***

You have to be in your final year or close to final year to undertake an elective with Concord Hospital.

**Have you enrolled in
another other institution
in Australia?***

*The University of Sydney will not accept students that have enrolled in elective placements at other institutions in Australia if the total period exceeds 8 weeks. An elective student can spend 4 weeks at one hospital and 4 weeks at another hospital, but if they are planning on spending more than 8 weeks in Australia it must only be at one institution (and they must pay \$500 AUD per week from Week 1).



ATTACHMENT DETAILS

Electives at Concord Hospital can comprise of different attachments to different departments. For example, a student can complete an 8 week elective at Concord Hospital and spending 4 weeks attached to cardiology and 4 weeks attached to respiratory. We do not split an elective less than 8 weeks in duration so 4 weeks is the least time you can spend in one department.

Please indicate your preferred dates below:

| | |
|---------------------|--|
| Preference 1 | |
| Preference 2 | |
| Preference 3 | |

Total number of weeks you will spend at Concord Hospital: _____

Please indicate three of your elective attachment preferences below. If you wish to split your 8, 12 or 16 week electives please fill out preferences for each attachment, and how many weeks you would like to spend in each department. If you intend on spending your whole elective attached in one department please only fill out the first three preferences.

Attachment One **Number of weeks:** _____

| | |
|--------------------------|-----------|
| Preferences | 1. |
| (eg. Emergency Medicine) | 2. |
| | 3. |

Attachment Two **Number of weeks:** _____

| | |
|--------------------|-----------|
| Preferences | 1. |
| | 2. |
| | 3. |

Attachment Three **Number of weeks:** _____

| | |
|--------------------|-----------|
| Preferences | 1. |
| | 2. |
| | 3. |

Attachment Four **Number of weeks:** _____

| | |
|--------------------|-----------|
| Preferences | 1. |
| | 2. |
| | 3. |

DECLARATION

- I declare that I have read and will abide by the information provided to me by the Concord Hospital Clinical School. I declare all the details in the Application Form are correct.
- I declare any information that will be forwarded to Concord Hospital Clinical School will contain true and accurate information. I will advise the Concord Hospital Clinical School should any of these details change as soon as possible.

Signature

Date