



SYDNEY
ADVENTIST
HOSPITAL

Medical & Allied Health Students

Elective Application Form – Overseas / Interstate / New South Wales

First Name (s):			
Middle Name (s):			
Surname:			
Note: These must be your legal names as stated on your birth certificate / passport			
Nationality:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	(day/month/year)	Place of Birth:	
Postal Address:			
Phone:		Email:	
Home University		City:	
I am applying for a	<input type="checkbox"/> Short Term Electives <input type="checkbox"/> Long Term Electives		
At the time of the elective, I will be in year / semester _____ of a _____ year / semester program. (delete year or semester as appropriate)			
Commencement Date:		Duration (weeks):	
Elective Specialties:			
Specialist:			
Comments:			
Please provide a copy of the following documents :			
<input type="checkbox"/> Valid Drivers License			
<input type="checkbox"/> Valid Clinical Placement Authority Card (as provided by NSW Health) or National Police Certificate			
<input type="checkbox"/> Valid University Identification Student Card			
Elective Student Declaration:			
<ul style="list-style-type: none">• I declare that at the time of this elective I will be in my final or penultimate year of study.• I declare that I have read and agree to all information and conditions relating to my electives in my Medical Student handbook or faculty policy.• I declare that I will advise SAH Medical Services should there be any change in my circumstances that would lead to my Prohibited Employment Declaration, Vaccination Declaration and / or Criminal Record Check no longer being accurate.			
Signature:		Date:	
Please return to SAH Clinical School :			
Sydney Adventist Hospital 185 Fox Valley Road Wahroonga 2076 F (02) 9480.3662 E annie.williams@sydney.edu.au			