



Application for Elective Placement - Academic Verification

To be completed by the applicant's medical school

TITLE	
SURNAME/FAMILY NAME	
FIRST/GIVEN NAME	
NAME OF MEDICAL SCHOOL	
NAME OF MEDICAL SCHOOL CONTACT	
MEDICAL SCHOOL CONTACT EMAIL	
This student is in good academic standing with no Fitness to Practice or Professionalism issues.	Yes No
This elective placement is a requirement of their degree and the student will have completed a minimum of 12 months clinical experience prior to the start of the placement.	Yes No
This student's first language is English.	Yes No
OR	
This student has a suitable level of written and spoken English to complete an elective in an English-speaking country.	Yes No
This student will be covered by their home University for medical indemnity and public liability while completing their elective in Australia.	Yes No
OR	
This student will be responsible for organising medical indemnity and public liability insurance from an appropriate body and will provide evidence of this insurance in their application to the University of Sydney.	Yes No

I confirm that the information given above is accurate and true:

Name of Authorised Signatory / Dean Designate (in block capitals or type): _____

Title (in block capitals or type): _____

Signature: _____

Date: _____

Medical School Stamp