



SECOND YEAR MEDICINE 2024

Declaration Cover Sheet

Please ensure you read and understand fully the Code of Practice for Fitness to Practise and Division of the Class in 4th, 5th & 6th year. Please **complete and sign** this sheet and send/scan to the Student Affairs Office before 22 January.

Please **tick each box and sign** this cover sheet, indicating that you have read and agree with the following two policies:

Appendix A: Division of the Class for 4th, 5th and 6th Years of the Medical Course: "I understand that I cannot be guaranteed a place in the Medical School of my choice for the Fourth, Fifth and Sixth years of the Medical Programme, and I shall accept direction, if necessary, to the Dunedin School of Medicine, University of Otago Christchurch or University of Otago Wellington after completing the Third Year of the Medical Programme".

Appendix B: University of Otago, Otago Medical School, Code of Practice for Fitness to Practise. "I declare that I accept to study within the framework of the Code of Practice, for Fitness to Practise, within the medical programme".

I have read and declare that I accept to be bound by these policies, which are included in the Introductory Information Pack.

NAME (please print in full): _____

SIGNED: _____

DATE: _____

This form must be scanned or sent by **22 January 2024** to:

Student Affairs Office – oms.studentaffairs@otago.ac.nz
Otago Medical School – Sayers Building
University of Otago
P O Box 56
Dunedin, New Zealand