

OVERSEAS ELECTIVE REQUEST

Please fill in this form in block letters

Surname:		First Name(s):				
Date of Birth:		Male/Female:				
Email address:						
Full Title and Address of Your Medical/Clinical School:						
Total length of medical Course in your School:						
Indicate the number of years and months of this course that you will have completed WHEN YOU COMMENCE the elective. PLEASE NOTE: Only students in their FINAL year of study will be considered for an elective placement					Year:	Month:
Attachments are for a maximum of 8 weeks. No elective attachments are available from 1 st December – 31 st January						
Proposed dates of elective:		Start date:	Finish date:	Number of weeks:		
Please indicate your choice of elective by putting 1 st , 2 nd , 3 rd etc against the topics that interest you:						
Anaesthesia		Emergency Department		Intensive Care Unit		
Oncology/Haematology		Cardiology		Radiology		
Endocrinology		Infectious Diseases		Nephrology		
ATTACH TO THIS APPLICATION:						
<ol style="list-style-type: none"> 1. Your cv; 2. A brief testimonial from the Dean, or Director of Electives of Head of a University Department; 3. Students from countries where English is not the first language must provide proof of having achieved a satisfactory standard of written and spoken English 						
FINANCE: No funds are available in terms of salary, travel arrangements, or for accommodation. An administration fee of \$1250 must be paid. This can be paid either prior to arrival or in cash on the first day.						
ACCOMMODATION: No accommodation is available on campus. Some suggestions can be found at: http://www.otago.ac.nz/wellington/study/students/index.html						
INSURANCE: It will be necessary for you to take out malpractice insurance and health insurance for the duration of your elective with the University						
IMMUNISATION: An updated copy of Health Records and MRSA clearance will be required on the first day						