Australian National University

INCOMING CLINICAL ELECTIVE PLACEMENT

APPLICATION BOOKLET

FOR NON-ANU MEDICAL STUDENTS

Before submitting an application, please ensure that you have read and understood the information in the Clinical Elective Placements Handbook.

Please note that receipt of application does not guarantee an offer of placement.

TEQSA Provider ID: PRV12002 (Australian University) | CRICOS Provider Code: 00120C

INCOMING CLINICAL ELECTIVE PLACEMENT APPLICATION

Personal Details

Family Name: _____ First Given Name: _____

Middle Given Name: _____ Date of Birth: _____ Gender: _____

Email Address: _____

Contact Number: _____

Country of Citizenship: _____

Home Address: _____

_____

Emergency Contact Person: _____

Relationship to you: _____Contact Number: _____

Placement Details

Please list up to six preferred departments for the clinical elective placement. Please refer to the list of participating departments in the Clinical Electives Handbook. **Please note, availability in the below departments is never guaranteed. Placement availability for inbound elective students is subject to capacity, supervisor availability and other teaching service commitments. ANU medical students generally have prioritisation over placement allocation.**

Approval of an application is not a guarantee of placement.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please indicate your preferred commencement date and duration of elective placement:
*Note, placements start on a **Monday** and finish on a **Friday** (public holidays excepted).*

Start date: _____ End date: _____ Duration (weeks): _____

If you are requesting an 8-week placement, please indicate if you would like to do two 4-week rotations in different departments**: Yes / No (Please circle)**

Academic Details

Name of University: _____

Student ID Number: _____ Current year of study: _____

Name of Medical Degree: _____

Length of degree (years): _____ Expected Graduation (month and year): _____

Declaration

- I wish to be considered for clinical placement in the department/s I have listed on this form.
- I understand that I am not enrolling in a course/program at the Australian National University (ANU) and I will not receive academic credit or graded assessment from ANU for my clinical placement with Canberra Health Services (CHS). I acknowledge that ANU is not the placement provider/host institution and ANU cannot sign documentation related to my attendance, performance or clinical competencies.
- I hereby certify that the information I have provided on this application form is correct and complete
- I authorise the Australian National University (ANU) to obtain official records from any Education Provider previously attended by me, and I acknowledge that the ANU reserves the right to vary or reverse any decision regarding this application on the basis of incorrect or incomplete information.
- I consent to ANU disclosing personal information I have provided in this application to Canberra Health Services for the purpose of organising my clinical elective placement and with the Australian Health Practitioner Regulation Agency (AHPRA) for the purpose of registration with AHPRA (if applicable).
- I acknowledge that if my institution does not cover the CHS insurance requirements (page 4), it is my responsibility to procure the required insurance coverage.

Signature: _____ Date: _____

FACULTY APPROVAL AND INSURANCE DECLARATION

(to be completed by Faculty Dean or appropriate Delegate)

I certify that (student name) _____ is a full time student in good standing at this university and I confirm that they will have completed at least 12 months of clinical experience prior to commencing the clinical elective placement under this application.

Name of University: _____

Address of University: _____

Name of Degree the student is enrolled in: _____

and;

I acknowledge that (student name) will not be covered by ANU insurance and declare that as a student of the named institution, they are covered for the below listed policies by the institution as required by Canberra Health Services. (please tick all that apply)

- ☐ **Medical Malpractice** insurance of no less than $20 million AUD in the respect of each claim;
- ☐ **Public Liability** insurance of no less than $20 million AUD in the respect of each claim;
- ☐ **Professional Indemnity** insurance of no less than $20 million AUD in the respect of each claim; and
- ☐ **Personal Accident** insurance

It is the responsibility of the student to procure appropriate insurance coverage if not covered by their Education Provider's insurance policy.

(this obligation is acknowledged by the student on Page 3 of this document)

Name: _____

Signature: _____

Title/Role: _____

Date: _____

Official University Stamp

ADMINISTRAION FEE PAYMENT

An **AUD$200** administration fee must be paid at the time of application. Your application will not be considered or processed until this fee has been paid except where a fee waiver agreement exists between the student's Education Provider and the Australian National University. **Please attach proof of payment with your application.**

Payment Confirmation

Family Name: _____ Given Name/s: _____

I have paid the AUD$200 administration fee by credit card online using the link below:
https://payments.anu.edu.au/OP/tran?uds_action_data=ZVpQc0JDUQBOXCEDQEJDdixfQnc6LkYbXjI2WXJAIDZ7QSsn

I have attached the receipt with my application and/or I will send a receipt via email once I receive it.

Signature: _____ Date: _____

ELECTIVE PLACEMENT FEE AND REFUND AMOUNTS

An additional elective placement fee is charged to students after an 'offer for elective placement' has been issued and must be paid a minimum of **two months prior** to starting a clinical elective placement.

Students whose institution has a fee waiver agreement with the Australian National University are exempt from the elective placement fee.

- **Placements up to 4 weeks = AUD $600**
- **And an additional AUD $100 per week** (up to a maximum of 8 weeks)

If you wish to cancel your placement after having paid the Placement Fee, depending on when you notify the Student Administration Office, you may be eligible for a refund. Any amount refunded will be based on the date of notification:

- Notification of cancellation **at least 4 weeks prior** to the commencement date – 50% of Placement Fee will be refunded.
- Notification of cancellation **less than 4 weeks prior** to the commencement date **–** no refund will be granted.

SCREENING AND VACCINATION DECLARATION

As a student on clinical placement with Canberra Health Services, you are required to comply with the Canberra Hospital and Health Services Occupational Assessment, Screening and Vaccination procedure and must provide documentary evidence for all requirements **at least 2 months prior** to commencement of the placement.

Personal Details and Declaration

Family Name: _____ Given Names: _____

I am aware that I am required to comply with the Canberra Hospital and Health Services Occupational Assessment, Screening and Vaccination procedure and have read the information available at: https://www.canberrahealthservices.act.gov.au/health-professionals/occupational-medicine-unit

I am aware that upon confirmation of a clinical elective offer I will be sent additional screening and vaccination requirements that are mandatory and must be completed before I can start my elective placement. I will provide this to the ANU School of Medicine and Psychology Admissions Support Team **at least 2 months prior** to my placement commencement date.

Signature: _____ Date: _____

ENGLISH LANGUAGE PROFICENCY

Non-ANU clinical elective students are required to meet the same English proficiency requirements as ANU medical students. Students who are citizens of particular countries (including Australia) and who have undertaken study in English in particular countries may be exempt from sitting an English language test. Please refer to the list of 'Group A' countries and full criteria in the policy on the ANU website. Students who do not meet the English language requirements on the basis of citizenship or prior study will be required to provide results from one of the English language tests detailed below. Test results must be dated within the past 2 years.

Test Name	Minimum Score Requirement
Academic IELTS	An overall score of 7.0 with a minimum 6.0 in each component of the test.
TOEFL - paper based test	A score of 600 with a TWE score of 5.0 (Test of Written English).
TOEFL - internet based test	An overall score of 100, with a minimum of 22 in each component of the test
Cambridge CAE Advanced (Post 2015)	An overall score of 185 with a minimum of 169 in all sub-skills.
PTE Academic	An overall score of 70 with a minimum score of 60 in each of the communicative skills.

ADDITIONAL APPLICATION DOCUMENTS

To apply for a clinical elective placement with Canberra Health Services, please send this completed application booklet to electives.smp@anu.edu.au along with the following documents:

- A current Curriculum Vitae (CV). This must include an outline of your previous and upcoming clinical experience. The department name/location and start/end dates should be specified for all clinical placements and rotations. Note, you must have completed a minimum of 12 months' clinical experience by the time of commencement (not necessarily at the time of application).
- A faculty letter of recommendation from your university which verifies your clinical experience, good standing in the medical program at that institution and confirms you meet the insurance requirements.
- A faculty representative from your university must sign and stamp the Faculty Approval section on page 3 of this application booklet in addition to providing the recommendation letter noted above.
- A high quality, scanned copy of your Official Academic Transcript
- A high quality, scanned colour copy of your passport
- Proof of payment of the AUD$200 administration fee
- Proof of English Language Proficiency (if applicable) which meets the standards of the ANU Policy.

PRIVACY STATEMENT

The Australian National University is bound by the Privacy Act 1988 (Cth) and complies with the Australian Privacy Principles and ANU Privacy Policy when dealing with your personal information. You can contact us about your personal information at privacy@anu.edu.au to make a complaint or inquiry.

CONTACT US

Admissions Support Team
School of Medicine and Psychology
The Australian National University

Email: electives.smp@anu.edu.au

Phone: +61 2 6125 6724 or +61 2 6125 5605

Mailing Address:
Admissions Support Team
School of Medicine and Psychology
The Australian National University
Florey Building, 54 Mills Road
Acton ACT 2601 Australia

Please note that **receipt of an application does not guarantee an offer of a placement.**

Information provided in this booklet is correct at the time of distribution and is subject to change.