

MEDICAL STUDENT ELECTIVE APPLICATION

FIRST NAME: _____ SURNAME: _____
ADDRESS: _____
SUBURB: _____ STATE: _____
COUNTRY: _____ POST CODE: _____
PHONE: _____ EMAIL: _____

I, _____
wish to apply for a medical student elective at Monash Health for the period:
Start Date: _____
End Date: _____
Program / Department: _____

I have read, understood and agree to comply with the obligations outlined below:

I understand that as a medical student I may examine or participate in the clinical care of patients in any Monash Health facility under the direct supervision of my supervisor, or clinicians designated by my supervisor

I will not disclose any information I witness or obtain whilst a medical student to any person who is not a Monash Health employee

I agree to abide by all By-Laws, Safety Rules Policies and Procedures of Monash Health as they apply to my medical student role

I agree to use/wear any safety equipment and apparel provided to me by Monash Health

I agree to commence and maintain private health or travel insurance for the duration of my medical student role with Monash Health if I am not eligible for publicly funded healthcare

I agree to adhere to all conditions of my visa/residency requirements

I agree to advise Monash Health in writing as soon as practicable of any changes that may impact on my performance or ability to undertake the role in which I have been appointed.

I have attached a:

- | | |
|--|--------------------------|
| Criminal history check from country of residence | <input type="checkbox"/> |
| Copy of passport or photo ID | <input type="checkbox"/> |
| Copy of immunisation / immunity testing | <input type="checkbox"/> |
| Completed statutory declaration on page 2 | <input type="checkbox"/> |
| Letter of endorsement from Dean on page 4 has been emailed | <input type="checkbox"/> |

Signature _____ **(Date)** _____

Endorsed by Head of Unit

I agree to provide a placement for the medical student and ensure that he/she is at all times under the supervision of one of my medical team.

Signature _____ **(Date)** _____

NAME _____

Commonwealth of Australia
STATUTORY DECLARATION
Statutory Declarations Act 1959

1. I, _____ of _____

medical student, make the following declaration under the Statutory Declarations Act 1959:

2. I declare that (place a tick or cross in applicable box):

since turning 16 years of age, I have been a citizen or permanent resident of a country/countries other than Australia

since turning 16 years of age, I have never been a citizen or permanent resident of a country/countries other than Australia

3. I declare that I have never been:

convicted of murder or sexual assault; or

convicted of, and sentenced to imprisonment for, any other form of assault.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.

4. Signed By _____

Place _____ Day _____ Month and year _____

Declared at _____

Before me,

Signature of person before whom the declaration is made (see below)

Full name, qualification and address of person before whom the declaration is made (in printed letters)

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the Statutory Declarations Act 1959.

Note 2 Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 — see section 5A of the Statutory Declarations Act 1959.

A statutory declaration under the Statutory Declarations Act 1959 may be made before—

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

Chiropractor	Dentist	Legal practitioner	Medical practitioner	Nurse	Optometrist
Patent attorney	Pharmacist	Physiotherapist	Psychologist	Trade marks attorney	Veterinary surgeon

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or

(3) a person who is in the following list:

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public

Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)

Bailiff Bank officer with 5 or more continuous years of service Building society officer with 5 or more years of continuous service

Chief executive officer of a Commonwealth court Clerk of a court Commissioner for Affidavits

Commissioner for Declarations Credit union officer with 5 or more years of continuous service

Employee of the Australian Trade Commission who is:

(a) in a country or place outside Australia; and

(b) authorised under paragraph 3 (d) of the Consular Fees Act 1955; and

(c) exercising his or her function in that place

Employee of the Commonwealth who is:

(a) in a country or place outside Australia; and

(b) authorised under paragraph 3 (c) of the Consular Fees Act 1955; and

(c) exercising his or her function in that place

Fellow of the National Tax Accountants' Association

Finance company officer with 5 or more years of continuous service

Holder of a statutory office not specified in another item in this list:

Judge of a court

Justice of the Peace

Magistrate

Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961

Master of a court

Member of Chartered Secretaries Australia

Member of Engineers Australia, other than at the grade of student

Member of the Association of Taxation and Management Accountants

Member of the Australasian Institute of Mining and Metallurgy

Member of the Australian Defence Force who is:

(a) an officer; or

(b) a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service; or

(c) a warrant officer within the meaning of that Act

Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Member of:

(a) the Parliament of the Commonwealth; or

(b) the Parliament of a State; or

(c) a Territory legislature; or

(d) a local government authority of a State or Territory

Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961

Notary public

Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public

Permanent employee of:

(a) the Commonwealth or a Commonwealth authority; or

(b) a State or Territory or a State or Territory authority; or

(c) a local government authority;

with 5 or more years of continuous service who is not specified in another item in this list

Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made

Police officer

Registrar, or Deputy Registrar, of a court

Senior Executive Service employee of:

(a) the Commonwealth or a Commonwealth authority; or

(b) a State or Territory or a State or Territory authority

Sheriff

Sheriff's officer

Teacher employed on a full-time basis at a school or tertiary education institution

Testimonial Letter from Medical School Dean

Medical Student Name: _____

The above mentioned student is currently registered in his/her _____ year of a _____ year program of studies towards a Doctor of Medicine Degree.

This student will be Enrolled/Registered in the _____ year during the proposed elective.

Progress in the course so far: Satisfactory Unsatisfactory

Students knowledge of English:	(spoken)	Slight	Good	Excellent
	(written)	Slight	Good	Excellent
	(fluency)	Slight	Good	Excellent

Is there any additional information regarding this student's undergraduate training to-date that you would like to advise us of?

The above student is in good standing at this institution. The student is authorised to take this clinical instruction and (will / will not) receive credit for the experience.

Name of person verifying

Signature

Title of person verifying

Date Signed

Name of Medical School: _____

Address of Medical School: _____

SEAL OF MEDICAL SCHOOL

Please email this document to: medsupport@monashhealth.org