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| logo bw no slogan | **Medical Elective Placement Application Form** |

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| **Details of Applicant:** |

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| **Last name:** | Click here to enter text. | | | | | | |
| **First Names:** | Click here to enter text. | | | | **Title:** | | Click here to enter text. |
| **Address:** | Click here to enter text. | | | | | | |
| **Suburb:** | Click here to enter text. | **State:** | Click here to enter text. | | **Postcode:** | Click here to enter text. | |
| **Phone Number:** | Click here to enter text. | **Email Address:** | | Click here to enter text. | | | |
| **Current qualification you are studying:** | | Click here to enter text. | | | | | |
| **Year of study:** | | Click here to enter text. | | | | | |

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| **Type of Placement:** | | | |
| **Medical Electives are traditionally Interventional in nature. Please indicate you wish to participate in an Interventional placement. Interventional:** a placement that enables the learner to undertake clinical activities under supervision.  **Yes  No** | | | |
| **Please detail your Education Provider’s (EP) name for your currently enrolled studies.** | | | |
| **What is the EP name?** Click here to enter text.  **Who is the key contact at the EP for processing an agreement?** Click here to enter text.  **What is the key contact’s email address?** Click here to enter text. | | | |
| **Location of placement:** | | | |
| **Please list in order of preference, which department/s you would like this placement occur? (e.g. Urology):**  Click here to enter text.  **Please indicate how many weeks in each department is your ideal. (NB Minimum 2 week total placement).**  Click here to enter text. | | | |
| **For our planning purposes, you may need to be flexible with your ideal dates. All dates will be negotiated between the student and the Clinical Unit Heads. Please indicate your possible earliest start date and latest finishing date for this placement at Bendigo Health.** | | | |
| Click here to enter text. | | | |
| **Ideal length of placement:** | | | |
| **Total number of days on site** Click here to enter text. | |  |  |
| **Ideal Start Date** | Click here to enter text. | **Ideal Finish Date** | Click here to enter text. |

Medical Elective placements have an associated fee of $100 per week (GST Incl). By submitting this application, you agree to pay this placement fee prior to commencement of your elective. This does not include any accommodation fees you may incur whilst staying in Bendigo.

Applicant Signature: ................................................................................ Date: Click here to enter text.

**Please return completed form to:**

**Director Learning, Education and Development**

Bendigo Health

PO Box 126 **P** 5454 6400

Bendigo 3552 **E** clinicalplacements@bendigohealth.org.au

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| **Office Use Only** |

Outcome of negotiation with relevant department

Request approved – Yes / No

If no – applicant notified. Date: ………………..

If yes – agreement to be developed by Procurement People and Culture **Date: …………………..**

Start and Finish Dates……………………………………………………………….

Department Contact………………………………………………………………….