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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 Name/s:** | Click here to enter text. | | **Title:** | Click here to enter text. |
| **Preferred Name/s:** | Click here to enter text. | | | |
| **Address:** | Click here to enter text. | | | |
| **Phone Number:** | Click here to enter text. | **Email Address:** | Click here to enter text. | |

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| **Please provide your Education Provider’s (EP) details for your currently enrolled studies:** | | | |
| **What is the EP name?** Click here to enter text.  ***Please note: We are only able to accept students from the University of Melbourne or Monash University.***  **What is the name of the qualification you are studying:** Click here to enter text.  **Year level of study *(please note: we are only able to accept year 3 or above):*** 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. | | | |
| **Previous placements:** | | | |
| **Have you undertaken a placement at Bendigo Health previously?** Click here to enter text.  **If yes, please provided details:** Click here to enter text. | | | |
| **Location of placement:** | | | |
| ***While we will endeavour to place you in your first preference area, we will offer any available area listed based on availability.*  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 you would prefer. (NB Minimum 2 week total placement):**  Click here to enter text. | | | |
| **Placement Start and End dates:** | | | |
| ***In order to obtain a placement you may need to be flexible with your ideal dates. Please indicate your possible earliest start date and latest finishing date for this placement, as well as ideal date range.*** | | | |
| **Earliest Start Date** | Click here to enter text. | **Latest Finish Date** | Click here to enter text. |
| **Preferred Start Date** | Click here to enter text. | **Preferred Finish Date** | Click here to enter text. |
| **Total days on site** | Click here to enter text. |  |  |

Medical Elective placements have an associated fee of $100 per week of placement (GST Incl). Payment will be required to confirm placement once an offer is made. 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:** clinicalplacements@bendigohealth.org.au