

Return this completed application form and all supplementary documentation to <a href="mailto:fmhhs.placements@mq.edu.au">fmhhs.placements@mq.edu.au</a> at least three (3) months prior to the earliest requested start date. Earlier submission is highly recommended for all rotations. The Elective opportunities are only available to students who are undertaking their final year of their medical program.

A listing of elective placements available to inbound medical students can be found on the website.

**Sections 1-5** should be completed by the applicant. **Section 6** must be completed by the applicant's home university's dean.

This application forms the initial component of the application process. Should the candidate be successful, following review of the application, they will receive a Letter of Offer with instruction to complete the remaining compliance requirements and payment. A non-refundable application fee of AUD \$250 applies for every inbound application, paid through a payment portal shared with the Letter of Offer. Applicants will have two (2) weeks to accept the offer, from the date of the offer being sent, with receipt of payment. After acceptance, applicants will have a further eight (8) weeks, from the date of offer, to provide the remaining compliance requirements.

This form is related to medical placements at MQ Health (MQ) and Northern Beaches Hospital (NBH). All enquiries can be directed to <a href="mailto:fmhhs.placements@mq.edu.au">fmhhs.placements@mq.edu.au</a>

### **Section 1: Student information**

Main Language Spoken at Home

First Name				
Last Name (Family Name)				
Preferred Name				
Date of Birth (DD/MM/YY)		Gende	r (Male / Female/other)	
Section 2: Contact De	tails			
Section 2. Contact De				
Mobile phone number				
University Email Address				
Residential Address				
Emergency Contact Name				
Relationship with Emergency Contact				
Mobile Phone Number of Emergency Contact				
Email Address of Emergency Co	ontact			
Section 3: Citizenship	Details			
Nationality				
Country of Birth				



### **Section 4: Application Details and Elective Preference**

Medicine Degr	ee Name (and length of degree)			
Current Year of Progression				
Placement Duration (not exceeding 8 weeks)				
Anticipated Number of Days/Hours of Clinical Experience Per Week During the Placement				
Assessment components required by the home university				
Dates requeste	d (start date / end date)			
Preference Order	Elective	Location (MUH or NBH)		
1				
2				
3				
4				
5				
There will be two sets of compliance requirements to be submitted. The first component will be submitted with this application and the secondary within six (6) weeks of accepting the offer.				
First con	nponent (to be submitted with this application)			
Completed application form including home university stamp				
Evidence of your medical school's indemnity insurance which covers you for the period of this elective placement. At a minimum please provide Public Liability certificate and Professional Indemnity certificate - not less than AUD\$20 million, in respect of each and every occurrence. These documents must be provided by your medical school. (this mustindicate that you are covered for professional medical indemnity, not only travel and personal health insurance).				
Official academic transcript				
Current CV				
Attach evidence of citizenship (photo ID page of passport)				
Letter of Good standing from your home university				



### Second component (to be submitted within six (6) weeks of accepting the offer)

- National Criminal Record Check These checks can take 4-6 weeks to receive so apply as soon as
  possible. International students only are encouraged to apply to the Australian Federal Police (AFP)
  HERE.
- Working with Children Check A working with Children Check (WWCC) can only be issued in New South Wales (NSW), Australia. You will need to start the application online (steps 1-2) and then when visit a Service NSW Office in person, where your 100 points of ID will be sighted. Please ensure you familairise yourself with ID requirements to avoid delays in your WWCC being accepted. After your ID is sighted, you will be issued with an application number (starting with 'APP'\_, which you will need to email fmhhs.placements@mq.edu.au prior to your placement start date.
- Completed Vaccination documentation
  - O Diptheria, Tetanus and Pertussis (within the last 10 years)
  - Hepatitis B evidence of immunity or adequate vaccinations
  - Measles Mumps and Rubella (serology test of record of 2 doses of MMR vaccine at least one month apart)
  - Varicella (vaccination or serology test)
  - o Tuberculosis TB Screening
  - Blood Borne Virus Declaration
  - o Southern Hemisphere Influenza Vaccine
- Covid-19 Vaccination Australian approved a list can be found HERE\*

International students –We recommend you arrive in Sydney at least 1 week prior to your placement start date to allow time - You will not be allowed to start placement until you are able to provide evidence of these. The items that will be required to be obtained in Australia is the Working with Children Check, Southern Hemisphere Influenza Vaccine and Covid-19 Certificate.

#### Section 6: Home university's details

University Name				
This student is in good academic standing at this institution and is approved to participate				
in this elective.			Yes	No
At the time of the proposed Inbound placement, this student will be enrolled as a student				
in the course listed above.		Yes	No	
Name of Dean (or authorised delegate)				
Signature:		Institute Stamp:		
Date:				



#### **Student Declaration**

- 1. I have read and understood Macquarie University's privacy collection notice <u>Privacy Policy</u>, and that the universitywill collect, use and disclose my personal information provided in this application, in accordance with this <u>policy</u>.
- 2. I agree to provide any relevant information to Macquarie University which may impact or alter the clinical experience (e.g. reasonable adjustments required).
- 3. I understand that students commencing a clinical placement must meet the mandatory compliance requirements, and must supply associated evidence supporting your application as outlined on this form.
- 4. I have read and agree to the Macquarie University Code of Conduct.
- 5. I understand that the application fee is non-refundable and I have read and understood all the compliance requirements I will need.
- 6. I understand that I must provide original or certified copies of the information provided upon request.
- 7. I declare that the information submitted in this application is true and complete.

Iin this declaration.	(print name) hereby agree to the above terms and conditions set out
Student Signature	Date