APPLICATION FOR ELECTIVE

DEPARTMENT OF PAEDIATRICS - UNIVERSITY OF MELBOURNE

THE UNIVERSITY OF MELBOURNE

Full Name:	Date of Birth:
Address:	
Telephone:	Citizenship:
Fax:	
Email:	
University/Medical School:	
Local Coordinator:	
Telephone:	
Fax:	
Level of Education (at time of proposed placement): Length of course:	
Grades:	
Have you completed any training in Paediatrics?	Yes / No
Proposed Dates of Elective Period - **RCH can only accommodate a maximum of 4 weeks** Earliest start date:	
Latest finishing date:	
Please list, in order of priority, the areas you would like to spend during your elective period for example: ~~ED~~, Surgery, Endocrine etc	
1.	
2.	
3.	
4.	
Emergency Contact Name:	
Telephone:	
Relationship to Student:	

Please Return this form to:

Elective Program Coordinator
Department of Paediatrics
The University of Melbourne
Royal Children's Hospital
Parkville Vic 3052, Australia
email: rch.elective@rch.org.au