2 - CITIZENSHIP AND AUSTRALIAN RESIDENCY STATUS

Country of birth
Country of nationality

Are you of Aboriginal or Torres Strait Islander origin? Yes No

Are you a citizen of either Australia or New Zealand? Yes No

Country of citizenship (if not Australia or New Zealand?)

Are you an international student? Yes No

Do you have permanent resident status in Australia? Yes No

Date you arrived in Australia

Date permanent residence status granted

Type of visa*

*You must attach a clear sharp CERTIFIED copy of the Permanent Resident Visa. Find out how at westernsydney.edu.au/certifyingdocuments

3 - ENGLISH LANGUAGE PROFICIENCY

Is English your first language? Yes No

Was English the language of instruction at your school or university? Yes No

How long did you attend this school?

Have you completed an English proficiency test? Yes No

Year completed

Type of test (e.g. IELTS/TOEFL)

** Score

#Attach documentary evidence

**You must attach a clear, sharp CERTIFIED copy of your test results

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University’s functions and activities associated with my enrolment. In some instances, the University may need to disclose information to any Government department which administers or has authority regarding education or immigration policy and law and any other Government agencies (State, Territory or Federal, an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University’s policies.
4 - MEDICAL CLERKSHIP DETAILS

You will need to have page 3 completed by the Dean of your home institution.

What is the name of your home institution/medical school?

Proposed clerkship dates from ______ to ______

Address of institution

<table>
<thead>
<tr>
<th>Unit no.</th>
<th>Street no.</th>
<th>Street name</th>
<th>Suburb</th>
<th>State</th>
<th>Postcode</th>
<th>Country</th>
</tr>
</thead>
</table>

Expected graduation date: ______

Elective request

<table>
<thead>
<tr>
<th>Preference (speciality request)</th>
<th>Commencing date</th>
<th>Completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>

Preferred hospital:

I agree to allow Western Sydney University Medicine to register my details with the NSW Medical Board on my behalf: No ☐ Yes ☒

5 - DECLARATION AND SIGNATURE

I declare that I have read the instructions at the beginning of this form and that all the information submitted is true and complete.

I authorise the University to obtain available official records from any educational institution attended by me. I understand that the University is not responsible if any institution does not provide these records. I authorise the University to verify any information provided by me, including academic records and employment details.

I understand that the University may reject my application or revoke any offer of admission if it finds any information provided in relation to my application to be incomplete, inaccurate or misleading.

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University's functions and activities associated with my enrolment. In some instances, the University may need to disclose information to external agencies, other Government agencies, an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University's policies.

I agree to abide by the University of Western Sydney Act, the University of Western Sydney by-law and the rules and policies of the University as they apply from time to time. I also understand that it is my responsibility to ensure that I review the by-law, rules and policies of the University during my period of study, as they are subject to change.

Student’s signature ___________________________ Date ________

SIGN HERE ________

OFFICE USE ONLY

Processed by ___________________________ Approved ☐ Dean’s signature ___________________________

Date ________

Not approved ☐ Date ________
DEAN OF APPLICANT’S HOME INSTITUTION TO FILL OUT THIS SECTION

Student name

Course

Commencement year

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 clerkship, this student will be enrolled as a student in the course indicated above.

Yes ☐ No ☒

This student has personal health coverage which will be in effect for their time away from our school during the indicated elective period.

Yes ☐ No ☒

Student’s academic ability: ☒ Above average ☐ Average ☐ Below average

Name of Dean (or authorised Delegate)

Dean’s signature

DATE

SIGN HERE

Institution:

PLACE INSTITUTE STAMP HERE