



IMPORTANT INFORMATION

Please complete this application in **BLACK INK** using **CAPITAL LETTERS**. Mark the appropriate answer boxes with a cross (X). This form is to be used for participants registering for a Western Sydney University Medical Clerkship. If you are applying for a Medical Clerkship, you must pay the applicable fees. Before signing please read further information at westernsydney.edu.au/medicine. The University recommends that you purchase comprehensive travel and medical insurance for your stay in Australia.

Submit completed forms to medicineclerkship@westernsydney.edu.au

1 - PERSONAL DETAILS

Student ID number

Gender

Male Female

Date of Birth

Title

Family name

Given name(s)

Postal address

Unit no.		Street no.		Street name				
Suburb						State		Postcode
Country								

Home phone number

Mobile phone number

Email address

2 - CITIZENSHIP AND AUSTRALIAN RESIDENCY STATUS

Country of birth

Country of nationality

Are you of Aboriginal or Torres Strait Islander origin?

No Yes

Are you a citizen of either Australia or New Zealand?

No Yes Australia New Zealand

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

Are you an international student?

No Yes

Do you have permanent resident status in Australia?

No Yes

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?

No Yes Go to section 4

Was English the language of instruction at your school or university?

No Yes How long did you attend this school?

Have you completed an English proficiency test?

No Yes Year completed Type of test (e.g. IELTS/TOEFL) **Score

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

6 - DEAN OF APPLICANT'S HOME INSTITUTION TO FILL OUT THIS SECTION

Student name

Program/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 program/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

This student has completed at least two years of clinical experience.

Yes No

Student's academic ability: Above average Average Below average

7 - DEAN OF HOME INSTITUTION SIGNATURE

The home institution acknowledges that it is responsible for maintaining the following insurance for the student, and will be liable for the conduct of the student and any loss or damage suffered or caused by the student, unless there is an agreement between WSU and the home institution which provides otherwise:

- Public Liability cover
- Professional Indemnity cover
- Personal Accident cover
- Workers' Compensation cover for University Staff;
- Overseas travel insurance; and
- Medical Malpractice Indemnity cover (where applicable)

The home institution will provide details of the relevant insurances to WSU on request.

Name of Dean (or authorised Delegate)

Dean's signature

Date

Institution:

PLACE INSTITUTE STAMP HERE