



OFFICE OF STUDENT UNIVERSITY & PLANNING

ADMISSIONS UNIT LOCKED BAG 1797, PENRITH NSW 2751

MEDICAL CLERKSHIP REGISTRATION APPLICATION

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.

IMPORTANT INFORMATION

The Ur	niversity recommend	ls that you pur	chase comprehens d forms to medicine	ive travel an	d medical ir	nsurance for you	r stay in Austra	alia.
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2 - CITIZENSHIP	AND AUSTRAL	IAN RESIDI	ENCY STATUS					
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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.

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I agree to abide by the Western Sydney University Act, the Western Sydney University 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	Da	te								
X SIGN HERE	D	D	1	М	М	1	Υ	Υ	Υ	Υ

6 - DEAN OF APPLICANT'S HOME INSTITUTION TO FILL OUT THIS SECTION
Student name
Program/Course
Commencement year Y Y Y Y Y
This student is in good academic standing at this institution and is approved to participate in this elective.
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.
Student's academic ability: 🔀 Above average 🔀 Average 🔀 Below average
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 Discrete Discre
Institution:
PLACE INSTITUTE STAMP HERE