

Medicine Clerkship Program Home Institution Declaration Form

To be completed by the applicant's medical school:

| | |
|---|---|
| Title | |
| Surname/Family name | |
| First/Given name(s) | |
| Date of birth (dd/mm/yyyy) | |
| Name of medical school | |
| Name of medical school contact | |
| Medical school contact email | |
| This student is in good academic standing at this institution and is approved to participate in the clerkship. | Yes / No |
| This student will be undertaking their final year of their medical program at the time of the participation in the proposed clerkship. | Yes / No |
| This student will be undertaking this proposed clerkship as part of the requirements of completing their medical program at this institution. | Yes / No |
| Is English the sole medium of instruction and assessments for this medical degree? | Yes / No |
| Please comment on the student's academic ability. | Above Average / Average / Below Average |
| Please comment on the student's clinical ability. | Above Average / Average / Below Average |
| Expected date of completion of the medical degree program | (dd/mm/yyyy) |
| Expected date of graduation | (dd/mm/yyyy) |
| Name of Dean/or authorised delegate | |
| Position | |
| Signature | Stamp of Institution/Medical School |
| Date | |

To be completed by the applicant:

If a clinical clerkship placement is secured for me, I will abide with the by-laws, rules and regulations of the hospital and University currently in effect and those which may be adopted during my clerkship. I understand that no remuneration from the hospital or University will be available and that I am responsible for my own accommodation. I agree to notify the clerkship coordinator prior to my scheduled clerkship dates should I not be able to attend.

I understand it is a legal requirement that overseas and interstate medical students undertaking clerkships at teaching hospitals in New South Wales are registered with the New South Wales Medical Board. Information given on this form will be forwarded to the Board for registration. No action is required by the student.

Signature of Applicant: _____ Date: _____