

Incoming Medical Elective Application Form

Applications must be submitted at least 6 months in advance of the Elective date being requested

Section 1: Student Details	
Surname:	Forename(s)
Mr/Mrs/Miss/other:	Date of Birth:
Sex: M/F	Passport Number:
Nationality:	Country of Birth:
Telephone/Mobile no:	Email address:
<p>Permanent Home Address:</p> <p>Next of Kin:</p> <p>Contact Telephone No (in case of emergency):</p> <hr/> <p>Full name and address of your contact at your Home Medical School:</p> <p>Contact Email:</p> <p>Expected date of graduation with a degree that enables you to practise as a doctor:</p> <p>Stage/year you will be in at the time of the Elective, e.g. Year 4 of 5 (applications are only considered from students in the penultimate or final year at the time of the Elective):</p>	

Have you ever been rejected for a UK Visa application? YES/NO

If YES, please provide further details:

Disclosure Scotland (or equivalent from your relevant Government Department)

Do you have an enhanced disclosure certificate or equivalent? YES/NO

If YES, what is the date of issue: _____

IMPORTANT: You will need to obtain a new enhanced certificate if the one you currently have is dated more than six months prior to the dates of your Elective.

If English is not your first language please give details of your English Language Qualification e.g. IELTS (no subtest below 7.0), DAAD, TOEFL

Date of Test:

Score Achieved:

If you are an international student please give details of any time already spent, (or that you will be spending) in the UK for the purpose of study e.g. school, college, university:

Name of school/college/university:

Course(s) of Study:

Dates of study:

From:

To:

Immunisation Details: Documentary evidence must be provided.

	YES	NO	DATE(S)	
Diphtheria vaccine				
Polio vaccine				
Tetanus vaccine				
Mumps/Measles/Rubella vaccine				
Tuberculosis vaccine				RESULT
TB test e.g. Mantoux (in absence of Tuberculosis vaccine)				
VZ serological evidence of immunity				

Please read the following statements carefully and complete the section which applies to you:

I have been immunised against **Hepatitis B** and have produced the following level of antibody:
 IU/L **Tick if this applies**

OR

I have been immunised and have not produced antibody but have been investigated as regards my Hepatitis B status and found not to be a carrier (**documentary evidence of this must be provided**) **Tick if this applies**

If applicable, please provide details of any physical or other disabilities which might necessitate special arrangements:

Section 2:
Details of Elective (4 weeks duration only)

Preferred Clinical Specialities: (only one department for the 4-week Elective is permitted)

1.

2.

3.

Preferred dates for Elective (DD/MM/YYYY):

*Please note, these should be the first Monday
of the month.*

From:

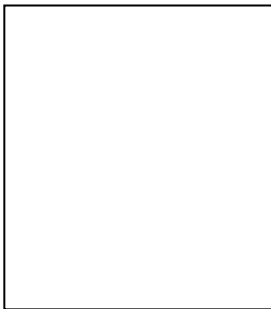
To:

Section 3: Statement from the Dean of your Home Medical School

Please provide a letter of support from the Dean of your Medical School with this application. The letter must be on your Medical School's official headed paper and must be an original.

The letter **MUST** include the following:

1. Confirmation that you are a bona fide medical student in your penultimate or final year at the time of your Elective.
2. Confirmation that you are a medical student in good standing and give details of your conduct, academic and clinical activity.
3. Confirmation that you have no criminal convictions and that you will enclose a copy of your Disclosure Scotland certificate, or equivalent from your relevant Government Department, with this application.
4. Confirmation that you must complete an Elective as a compulsory part of your undergraduate medical programme.
5. Confirmation of your expected date of graduation.
6. Confirmation that you are sufficiently proficient in the English language to undertake an Elective in Scotland.
7. Confirmation that your Medical School is listed on the World Health Organisation Directory (<https://search.wdoms.org/>).
8. Details of the assessment your Medical School requires for this Elective. (A report on a student's performance will only be given on request and if a form is provided by the Home Medical School.)
9. Confirmation that you are covered by Medical Malpractice insurance while away from the Home Medical School.
10. Any other information which your Dean thinks may be of assistance.

**Section 3:
Statement from the Dean of student's home Medical School - Continued**

Please attach a recent photograph.

Your Medical School Seal/stamp must be placed over
the photograph and onto this application form.

As Dean of (insert name of Medical School) _____

I certify that:

- The above photograph is a true likeness of:
- Full name of student _____
- Date of birth _____

Signature: _____

Name: (please print) _____

Title: _____

Date: _____

Seal/Stamp



Section 4:
Important Information – Please read very carefully before signing

Cancellation

Should an Elective need to be cancelled, the Medical School Office must be notified at least 4 weeks before the start of the Elective. Unfortunately, it is not possible for us to rearrange electives.

Occupational Health Clearance

Incoming Elective students are required to obtain Occupational Health clearance before starting the Elective. This will be arranged for you and an appointment will be sent to you roughly 3 weeks before placement commences.

Registration

You will not be permitted to start an Elective until you have registered at the Medical School Office on your arrival (Room 337). The Undergraduate Medical School at the University of Glasgow reserves the right to cancel an Elective if you do not complete the registration process satisfactorily and will not be held responsible for any costs incurred.

The following documents **MUST** be provided at registration:

- Passport
- Non EU/EAA students only - Short Term Student Visa
- Disclosure Scotland certificate or equivalent (dated within 6 months of start date of elective)
- Medical Malpractice Insurance Certificate
- A recent letter of Good Standing from your Dean (dated within 3 months of start date of elective)
- Original Elective Offer letter/email from the University of Glasgow.
- English Language certificate

Section 5:
Student Declaration – Please read very carefully before signing

- I confirm that I have no criminal convictions and that I have enclosed a copy of my current Disclosure Scotland certificate or equivalent.
- I also confirm I will provide a more recent Disclosure Scotland Certificate or equivalent which is dated within six months of the start date of my elective, as soon as possible.
- I confirm that I will comply with any requirements for health screening.
- I confirm that I will bring my original passport when registering.
- I confirm that I am covered by medical malpractice insurance whilst on the Elective in the UK and will show my certificate at registration.
- I confirm I am aware of the non-refundable administration fee of £150, payable before the start of the Elective.
- I am aware the Elective dates cannot be rearranged.
- I can confirm I will be arranging my own accommodation.

I confirm that I have included the following documentation with this application form:

- A letter of Good Standing from the Dean of my Medical School
- A copy of my passport showing the front outside cover, the page with my photograph and personal details on (as well as my visa page if needed)
- A copy of my current Disclosure Scotland certificate or police disclosure equivalent
- A copy of my immunisation history
- Evidence of my English Language Qualification e.g. IELTS, DAAD, TOEFL, etc.
- Medical Malpractice Certificate
- A transcript of studies
- My Curriculum Vitae

Signature of applicant: _____

Date: _____

PLEASE SCAN AND RETURN THIS FORM AND ACCOMPANYING DOCUMENTS TO:

med-sch-visiting-electives@glasgow.ac.uk