
Sydney Medical Program - Application to Undertake an Elective/extra-mural activity whilst doing Research Project

IMPORTANT NOTES FOR STUDENTS

This form is only to be completed by students who are enrolled in a Research Project and wish to undertake an Elective Term Placement/extra-mural activity. Special permission to undertake an Elective Term Placement/extra-mural activity will only be considered if you can demonstrate that satisfactory progress has been made on your Research Project and that you will be able to complete your Research Project thesis by the due date. Your supervisor(s) must also state that satisfactory progress has been made.

If permission has been granted to undertake an elective you will then need to complete an online application through Blackboard Learn and have your elective approved.

In completing this report students should:

- (a) Complete section 1
- (b) Ensure that the Primary Supervisor completes section 2
- (c) Ensure that the Associate Supervisor completes section 3
- (d) Ensure that the Clinical School Coordinator completes section 4, after you have met for an interview
- (e) Send completed form to medicine.honours@sydney.edu.au for final approval from the Sub Deans for section 4

Date of this application: _____

I am currently in stage 3 of MBBS:

I am applying to undertake an official **8 week Elective Term Placement**

I am applying to undertake an **Extra-mural placement** (less than 8 weeks)

Dates of proposed Elective Term Placement/extra-mural activity - From _____ To: _____

Student last name: _____ Given name(s): _____

Student email: _____ Student SID: _____

Project title: _____

Clinical School Co-ordinator(s): _____

Primary Supervisor: _____

Associate Supervisor: _____

SECTION 1: TO BE COMPLETED BY THE STUDENT

School in which project is being undertaken

- | | | |
|--|--|--|
| <input type="checkbox"/> Central (RPA) | <input type="checkbox"/> Northern (incl. Northern Private) | <input type="checkbox"/> Westmead |
| <input type="checkbox"/> Concord | <input type="checkbox"/> Rural | <input type="checkbox"/> Children's Hospital at Westmead |
| <input type="checkbox"/> Nepean | <input type="checkbox"/> School of Medical Sciences | <input type="checkbox"/> Sydney Adventist Hospital (SAN) |

I have attached a draft of my thesis to this application form

Yes

No

Briefly state the aims of your research:

Provide details of progress made on your Research Project (attach any supporting documents, e.g. draft of paper for publication or abstracts from conferences, etc.)

Provide a detailed time-line for completion of your Research Project - this timeline should identify the precise activities / tasks remaining to complete the requirements of your research program and the dates at which you expect to accomplish these.

I understand that it is my responsibility to ensure that I meet ALL of the requirements for both my Research Project and the Elective Term Placement, as well as meet all deadlines in a timely manner.

Student signature: _____ Date: _____

When section 1 is complete please forward this report to your Primary Supervisor and Associate Supervisor.

SECTION 2: TO BE COMPLETED BY THE PRIMARY SUPERVISOR

Title	First Name	Surname
Phone	Email	
Sydney University Appointment or Conjoint Appointment or other institution:		

Has the candidate diligently and consistently applied herself/himself to the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the candidate made satisfactory progress since commencing the Research Project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please comment on the student's progress to date.

Have any difficulties interfered with progress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please detail any personal, technical or other problems encountered by the candidate?

Please comment on the feasibility of the candidate's proposed timeline for completion.

What is the likely date for submission of the thesis? _____

Do you support the candidate's request to undertake an Elective/extra-mural activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Other comments:

Name (P/Sup)

Signature (P/Sup)

Date

SECTION 3: TO BE COMPLETED BY THE ASSOCIATE SUPERVISOR

Title	First Name	Surname
Phone	Email	
Sydney University Appointment or Conjoint Appointment or other institution:		

Has the candidate diligently and consistently applied herself/himself to the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the candidate made satisfactory progress since commencing the Research Project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please comment on the student's progress to date.

Have any difficulties interfered with progress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please detail any personal, technical or other problems encountered by the candidate?

Please comment on the feasibility of the candidate's proposed timeline for completion.

What is the likely date for submission of the thesis? _____

Do you support the candidate's request to undertake an Elective/extra-mural activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Other comments:

Name (A/Sup)

Signature (A/Sup)

Date

SECTION 4: TO BE COMPLETED BY THE CLINICAL SCHOOL COORDINATOR

If your project is taking place at a clinical school other than your 'home' clinical school, BOTH Clinical Coordinators must sign this form

HOME CLINICAL SCHOOL COORDINATOR

I do NOT support the candidate's request to undertake an Elective/extra-mural activity.	<input type="checkbox"/>
I PROVISIONALLY support the candidate's request to undertake an Elective/extra-mural activity with additional review of student progress.	<input type="checkbox"/>
I do support the candidate's request to undertake an Elective/extra-mural activity.	<input type="checkbox"/>

Comments:

Name (Co-ordinator)

Signature (Co-ordinator)

Date

CLINICAL SCHOOL COORDINATOR – *only if project is taking place at a clinical school other than your 'home' clinical school*

I do NOT support the candidate's request to undertake an Elective/extra-mural activity.	<input type="checkbox"/>
I PROVISIONALLY support the candidate's request to undertake an Elective/extra-mural activity with additional review of student progress.	<input type="checkbox"/>
I do support the candidate's request to undertake an Elective/extra-mural activity.	<input type="checkbox"/>

Comments:

Name (Co-ordinator)

Signature (Co-ordinator)

Date

STUDENT: When sections 1 – 4 are complete please forward this report to the MPAU:
medicine.honours@sydney.edu.au

OFFICE USE: Completed by Chair of Research Project Committee

I do NOT support the candidate's request to undertake an Elective/extra-mural activity.	<input type="checkbox"/>
I PROVISIONALLY support the candidate's request to undertake an Elective/extra-mural activity with additional review of student progress. Date of suggested additional review: _____	<input type="checkbox"/>
I support the candidate's request to undertake an Elective/extra-mural activity.	<input type="checkbox"/>

Interview notes:

<input type="checkbox"/>	Documentation from Supervisor supporting Elective/extra-mural activity
<input type="checkbox"/>	Evidence of progress thus far
Other commitments:	
<input type="checkbox"/>	Academic
<input type="checkbox"/>	Personal
<input type="checkbox"/>	Employment
<input type="checkbox"/>	Other
Previous academic writing:	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Elective commitment:	
<input type="checkbox"/>	Placement
<input type="checkbox"/>	Assessment

Further action required:

Name (Sub Dean)

Signature (Sub Dean)

Date

Date student notified by email: