Elective Expressions of Interest Form
The Children’s Hospital at Westmead Clinical School

The Children’s Hospital at Westmead Clinical School welcomes expressions of interest applications from overseas and Australian medical students wishing to undertake an elective. Before you submit an expression of interest form, please check our website to ensure the period you are applying for is still OPEN.

Elective places are limited and your expression of interest application will be considered on the basis of the date of application and previous training and the capacity of CHW Clinical School to accept you. Only students who are required to undertake a clinical elective (usually in their final year or close to their final year) of study will be considered. We do not offer elective placements of less than four weeks.

If you are successful in gaining a placement, you will be sent a CHW Elective Application pack. This will be done with at least 8 months’ notice of your planned placement period. At this time you will be asked to submit documentation with the Elective application pack (do not send any documentation unless you receive an offer with the CHW application pack):

Evidence that you comply with the following vaccination requirements:

- One adult dose of dTpa or Boostrix: must include: Diphtheria, tetanus, pertussis (whooping cough)
- Hep B (must be able to produce confirmation of each dose recorded in a formal immunisation record. You will need to provide a serology confirmation of your titre level showing immunity level)
- 2 doses of MMR vaccine one month apart (and positive IgG serology confirmation of your titre level for measles, mumps, rubella)
- 2 doses of varicella vaccine or History of varicella either letter from GP confirming you had varicella as a child or a blood test which shows positive IgG for Varicella
- Criminal Record Check from your home country - Must be in English (or have a certified English translation) from the country in which you have spent the majority of the last 12 months. Must be dated within 12 months of the last day of your elective, e.g. If you finish your Elective on 29/09/2016, your CRC must not be dated prior to 29/09/2015.
- National Police Check (NPC) is arranged through the Australian Federal Police.
- Fee payment form (included in application pack)
- A letter of recommendation from a senior Faculty member of your school confirming that this Clinical Elective/placement is a required component of your medical course - This must be dated within the last 12 months and if not in English, must be sent with a certified English translation.
- Written proof from your University or other appropriate body that you are covered by insurance for public and professional liability (including medical malpractice) while doing your elective in Australia
- This must be dated within the last 12 months and if not in English, must be sent with a certified English translation.
- NSW Ministry of Health Student placement forms as part of the application pack
- 100 points of Identification, including a scanned copy of your student ID card

These items will all be included in the application pack.

Originals or certified copies must be sent or provided on arrival.

Clinical School Elective Fees (non-refundable)
AU$1,000.00\* for a 4 week elective
AU$1,200.00\* for an elective of 4 to 8 weeks
Includes an administration fee (**non-refundable**) AU$100.00\*

NOTE:
A $100 administration fee applies to all medical students studying in Australia at an Australian University.
If you are an Australian student enrolled at an overseas medical school/university then the above Clinical School Elective fees & enrolment fee apply.
Please note elective students will be registered with APRHA.

It is assumed that overseas elective students from non-English speaking countries will have a basic level of English proficiency before commencing an elective attachment. You may be asked to provide confirmation of an IELTS (or equivalent test).
EXPRESSIONS OF INTEREST FORM
FOR AN ELECTIVE AT
THE CHILDREN’S HOSPITAL AT WESTMEAD
CLINICAL SCHOOL

Please complete the Elective Expressions of Interest Form and scan and email to: SCHN-USydPaeds-ElectiveStudents@health.nsw.gov.au

FAMILY/SURNAME:

PREVIOUS FAMILY/SURNAME (if applicable):

FIRST NAME:

MIDDLE NAME:

DATE OF BIRTH:

NATIONALITY:

MALE ☐ FEMALE ☐ DATE OF APPLICATION:_______________

POSTAL ADDRESS:

____________________________________________________

____________________________________________________

EMAIL:

____________________________________________________

____________________________________________________

TELEPHONE NO: FAX NO:

____________________________________________________

____________________________________________________

UNIVERSITY MEDICAL SCHOOL:

☐ This Clinical Elective/placement is a required component of my medical course.

SIGNATURE:

____________________________________________________

Dates you wish to attend an Elective placement:

From: To:

____________________________________________________

Preferred date you would like to commence the placement:

____________________________________________________

DURATION (#WEEKS):

____________________________________________________

Please list your three (3) preferred elective specialties you would like to be placed:

1

2

3