****

# Medical Student Placement Details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname : |  | First Name: |  |
|  |  |  |  |
| Date of Birth: | / / | Sex: |  |
|  |  |  |  |
| University: |  | Student Number: |  |
| Clinical School: |  | Year: |  |
|  |  |  |  |
| Address : (during placement) |  | Email Address : |  |
|  |  |  |  |
| Mobile : |  |  |  |
|  |  |  |  |
| Elective Dates : |  | Speciality : |  |
|  |  |  |  |
| Learning Objectives |  |  |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Student from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print full Name)

Herby grant Ballarat Health Services permission to use my photo image, and contact details for internal notification purposes of my medical student placement.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_