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| Ballarat **Health** Services |
|  |  |  |
| **Medical Student Details for Elective** |
| **Personal details:** |
| Surname: |  | Other names: |  |
|  |  |  |
|  |
| Date of birth: |  | Sex: |  |
|  |  |  |
| Address whilst completing elective (if known) |  |
|  |
| E-mail address: |  |
|  |
| Mobile: |  |
|

|  |  |
| --- | --- |
| Emergency Contact (Name & Phone No. |  |

 |
| **Elective Dates** |
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|  |  |
| --- | --- |
| Dates: |  |
|  |  |  |  |  |
| Specialty |  |

 |
| **Clinical School** |
| University:& Student ID No. |  |  Clinicalschool: |   |  Year: |   |
| **Please send completed form to Kate Robson – Operations and Health Resource Stewardship Officer email** **credentialSOP@bhs.org.au** **or Ballarat Health Services, BRICC L4, Student Placement PO Box 577, Ballarat, Vic 3353** |