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