# 2013-14 ELECTIVE AWARD APPLICATION FORM

**For students going on elective in the period April 2014 – June 2014**

The completed form should be submitted by email via your College email account, to  
 [feo-nwtfs@imperial.ac.uk](mailto:feo-nwtfs@imperial.ac.uk). The deadline is **12 noon,** Wednesday **20 March 2013**

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| Category **A** | **Contribution to the life of the School of Medicine** | | | | | |
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| Name: | | | | | | **Office Use Only** |
| Term Time Address:  Telephone Number:  Mobile Number: | | | | Permanent Address:  Telephone Number: | |  |
| College Email address: | | | | | |  |
| In which county/borough did you undertake your primary/secondary education: | | | | | |  |
| Details of where you plan to spend your elective including the specialties you will be studying. If the offer of the placement has not been confirmed, you can submit an application with confirmation to follow. | | | | | |  |
| Has your elective been confirmed? | | Yes | \*No | | \*Date expected: |
| **TYPE A - CONTRIBUTION TO SCHOOL OF MEDICINE** | | | | | |  |
| Please give specific details below of positions held/School representation | | | | | |  |
| **Student Union:** | | | | | |  |
| **Clubs/Committees:** | | | | | |  |
| **Sport:** | | | | | |  |
| **Other:** | | | | | |  |
| **Please give below a statement in support of your ‘Type A’ application, including any other information you wish the Committee to consider.** | | | | | |  |
| **By submitting this application, I confirm that the information that I have given above is true and I will provide evidence in support if requested to do so.** | | | | | | |
| **Date of submission:** | | | | | | |