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| **ELECTIVE APPLICATION FORM – LEE KONG CHIAN SCHOOL OF MEDICINE** |
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| **APPLICANT PERSONAL DETAILS** |
|  |  |  |  |  |
| Title (Mr/Mrs/Ms): |  |  | Gender (M/F): |  |
|  |  |
| Name as shown in Passport:(FAMILY NAME in Upper Case) |  |
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| Confirm that at the time of the Elective you will be in Year 6 (Y/N)  |  | Date of Birth: |  |
|  |  |
| Nationality:  |  | Passport Number: |  |
|  |  |
| **CONTACT DETAILS:** |
|  |  |
| Email Address: |  |
|  |  |
| Postal Address: |  |
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| **ELECTIVE CLINICAL INTEREST** |
| \*\* For the 6-weeks elective period following the Orientation (Induction) week, students can list up to three (3) clinical interests for the elective placement. All placements applied for are subject to the availability of vacancies and supervision, and the LKCSoM Dean’s approval. Applicants should be prepared that not all the placement requests will be successful.\*\* Please Note: Students can request to complete:1. A 6-weeks placement in one Department/Speciality in Singapore OR2. A 3-weeks placement in one Department/Speciality and then complete a second 3-weeks placement in another Department/Speciality in Singapore. |
|  | **CLINICAL PLACEMENT INTEREST** | **LENGTH OF PLACEMENT** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
|  |
| **PARTICULAR OF NEXT-OF-KIN** |
| Title (Dr/Mr/Mrs/Ms): |  |
| Name: |  |
| Gender (M/F): |  | Relationship: |  |
| Postal Address:  |  |
|  |  |
| Tel Contact Number:  |  |
| I understand that elective placements applied for are subject to availability of vacancies and supervision and the Dean’s approval and that not all the placement requests will be successful. I have read and understand the requirements for the elective at Lee Kong Chian School of Medicine, Singapore and that **I am required to be present at Nanyang Technological University (NTU) for the whole of the first week of Orientation**. An application fee of S$100 is payable for Orientation administrative fees. |
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|  |  |  |  |  |
| Name |  | Date |  | Signature |