

CHECKLIST – CLINICAL ELECTIVE PLACEMENT
For applicant’s information/record
AND
To be returned once all requirements listed are complete

Note: All supporting documentation must be in English

Applicant name:

Clinical elective placement date:.....

Clinical elective hospital:

APPLICATION	Date Completed
<input type="checkbox"/> Letter of recommendation emailed	.../.../20.....
<input type="checkbox"/> Academic record (current) emailed	.../.../20.....
<input type="checkbox"/> Curriculum Vitae (current) emailed	.../.../20.....
<i>Clinical Elective Placement Indemnity Form</i>	
<input type="checkbox"/> Submitted along with a copy of my university’s:	.../.../20.....
<input checked="" type="checkbox"/> Public liability insurance policy/certificate of currency	
<input checked="" type="checkbox"/> Medical indemnity insurance policy/certificate of currency	
OR	
<input type="checkbox"/> Not applicable - the applicant’s University has a Placement Deed with Queensland Health. (*refer to information below)	
<input type="checkbox"/> Application form (online) - completed and submitted	.../.../20.....
<input type="checkbox"/> Application fee (online) –	.../.../20.....
<input checked="" type="checkbox"/> paid	
<input checked="" type="checkbox"/> receipt received	
OFFER	
<input type="checkbox"/> Letter of offer received	.../.../20.....
<input type="checkbox"/> Acceptance confirmed to Clinical Electives Coordinator (within seven days from date of email offer)	.../.../20.....
<input type="checkbox"/> Clinical elective placement (online) fee	\$.....
<input checked="" type="checkbox"/> payment made (within seven days from date of email offer)	.../.../20.....
<input checked="" type="checkbox"/> receipt received	.../.../20.....

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CHECKLIST – CLINICAL ELECTIVE PLACEMENT
Continued

The following have been submitted to the [Clinical Electives Coordinator](#).

- | | | |
|--------------------------|---|-----------------|
| | <i>Queensland Health Requirements</i> | .../.../20..... |
| <input type="checkbox"/> | QHealth Schedule (*applicable to Australian applicants whose university has a Placement Deed with QHealth). I (the applicant) have:
✓ Emailed the Clinical Electives Coordinator and advised that my university has a Placement Deed with QHealth; and
✓ Organised with my university to complete and forward a QHealth Schedule to the appropriate QHealth District. | |
| <input type="checkbox"/> | Student Deed Poll – Overseas OR Australian (circle whichever is applicable) | .../.../20..... |
| <input type="checkbox"/> | Queensland Health Student Orientation Checklist | .../.../20..... |
| <input type="checkbox"/> | Queensland Health Work Health and Safety Certificate | .../.../20..... |
| <input type="checkbox"/> | Hepatitis B Proof of Immunity – letter from GP | .../.../20..... |
| | <i>Insurance</i> | |
| <input type="checkbox"/> | Personal Accident Insurance | .../.../20..... |
| | <i>Blue Card</i> | .../.../20..... |
| <input type="checkbox"/> | Blue Card Application Form and Verification of a Prescribed Person form with photocopies of ID and list of addresses if applicable | |
| | OR | |
| <input type="checkbox"/> | Photocopy of current Blue Card | |
| | <i>Checklist</i> | |
| <input type="checkbox"/> | Completed Checklist forwarded to the Clinical Electives Coordinator | .../.../20..... |

Applicant Signature:

Date: