



VISITING MEDICAL ELECTIVE APPLICATION FORM

Forename(s): Surname:

Home Address (in full):

..... Post code:

Tel no: Mobile no:

Email address:

Age: DOB: Sex: M / F

Country of Birth: Nationality:

Passport No:

Medical School:

Medical School Address:

Length of Medical Course (years):

Current year of study: Year of study at time of proposed elective:

Completed clinical medical education prior to proposed elective:

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Preferred Elective Topic (NOTE: Only one 4-6 week elective at the University of Glasgow is permitted)

First Choice: Elective Start Date:

Second Choice: Elective End Date:

Third Choice: Duration:

If an informal agreement has already been given by a clinician to supervise you, please provide details
(minimum notice of 5 months is still required)

Supervisor's name:

Speciality and Hospital:

Email address:

English Proficiency Confirmation for applicants from **non EU countries** which are not deemed to be majority English speaking – a copy of one of the below qualifications/test certificates must be provided with application.

For a list of majority English speaking countries as determined by GOV.UK, please refer to: <https://www.gov.uk/tier-4-general-visa/knowledge-of-english>

Qualification/Test Certificate	Tick relevant box
IELTS (Academic for UKVI) – overall score of 7.0 with no subtest below 7.0 (dated within two years of proposed start date of elective)	
Completed degree from a majority English speaking country (must be recognised by UK NARIC as being equivalent to a UK bachelors degree) - certified copy of degree certificate required	

English Proficiency Confirmation for applicants from **EU countries** which are not deemed to be majority English speaking – a copy of one of the below qualifications/test certificates must be provided with application.

Qualification/Test Certificate	Tick relevant box
SQA Standard Grade in English – minimum Grade 2 *	
IGCSE English (First Language) – minimum Grade B *	
GSCE in English - minimum Grade B *	
International Baccalaureate, English (higher or standard level) – minimum Grade 6 *	

Immunisation Details N.B. All documentary evidence **MUST** be uploaded

	YES	NO	DATE(S)	
DIPHTHERIA vaccine				
POLIO vaccine				
TETANUS vaccine				
MUMPS/MEASLES/RUBELLA vaccine				
TUBERCULOSIS vaccine				
TB test e.g. Mantoux (in absence of Tuberculosis vaccine)				
VZ serological evidence of immunity				
				RESULT

Please read the following statements carefully and complete the section which applies to you:

I have been immunised against **Hepatitis B** and have produced the following level of antibody:IU/L

OR

I have been immunised and have not produced antibody but have been investigated as regards my Hepatitis B status and found not to be a carrier (**documentary evidence of this must be provided**) ☐ Tick if this applies

If applicable, please provide details of any physical or other disabilities which might necessitate special arrangements:

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Checklist (please ensure all required documents are uploaded with your application, incomplete applications will not be processed)

Scanned copy of passport (front cover + photo page) – must be stamped and verified by official in your Medical School	
Scanned copy of IELTS certificate/results if from a non-EU country not deemed to be majority English speaking OR Scanned copy of English qualification if from an EU country	
Documentary evidence of all immunisations	
Scanned copy of original validated letter/report from home country's police confirming no criminal convictions, dated no more than 3 months prior to application	
If studying abroad, letter from university confirming no criminal convictions, dated no more than 3 months prior to application	

STUDENT'S SIGNATURE:

DATE:



**THE DEAN OF THE FACULTY OF MEDICINE OR AN APPROPRIATE SENIOR FACULTY OFFICER
IS REQUIRED TO COMPLETE THIS SECTION OF THE APPLICATION FORM**

Name of student:

1. The above named student is presently in year of a year programme.
2. The dates of attendance for the final medical year are (DD/MM/YY) to (DD/MM/YY).

3. **General assessment of the student's character and conduct:**

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.....

4. **Assessment of academic ability (please circle):** BELOW AVERAGE / AVERAGE / ABOVE AVERAGE

5. **Assessment of clinical ability (please circle):** BELOW AVERAGE / AVERAGE / ABOVE AVERAGE

6. **Details of clinical experience to date:**

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7. **Student's knowledge of English (where English is not first language):**

Spoken: Written:

8. **Any further information which you think might be of assistance:**

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9. I support without reservation/with reservation (delete as appropriate) the application from this student for the proposed elective.

Signature: **Date:**

**Official Stamp of
Medical School**

Position:

Medical School:

E-mail address:

