

**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: .....

<b>APPLICATION</b>	<b>Date Completed</b>
<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	
<b>OR</b>	
<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	
<b>OFFER</b>	
<input type="checkbox"/> Letter of offer received	.../.../20.....
<input type="checkbox"/> Acceptance confirmed to <a href="#">Clinical Electives Coordinator</a> (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](#).

- Queensland Health Requirements* ...../.../20.....
- 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.
  - Student Deed Poll – Overseas **OR** Australian (circle whichever is applicable) ...../.../20.....
  - Queensland Health Student Orientation Checklist ...../.../20.....
  - Queensland Health Work Health and Safety Certificate ...../.../20.....
  - Hepatitis B Proof of Immunity – letter from GP ...../.../20.....
- Insurance*
- Personal Accident Insurance ...../.../20.....
- Blue Card* ...../.../20.....
- Blue Card Application Form and Verification of a Prescribed Person form with photocopies of ID and list of addresses if applicable
- OR**
- Photocopy of current Blue Card
- Checklist*
- Completed Checklist forwarded to the [Clinical Electives Coordinator](#) ...../.../20.....

Applicant Signature: .....

Date: .....