

Clinical Elective Placement Acknowledgement and Declaration – Home University Form 2a

Student's name: ("the Student")	
Student number:	
University's name: ("the University")	
University's address:	
Clinical elective location:	
Clinical elective dates:	

Acknowledgement and Declaration by the Dean of Medicine (or his/her designate) of the Student's University

1. On behalf of the University, I acknowledge that:
 - (a) James Cook University will be facilitating the placement of the Student at a Queensland Health facility in Northern Queensland ("the clinical elective placement");
 - (b) the Student will not, at any time, become a student of James Cook University; and
 - (c) James Cook University will have no responsibility for the Student or the actions of the Student whilst the Student is in Australia, including whilst the Student is undertaking the placement, and will not supervise the Student in any way whilst the Student is undertaking the placement.
2. I certify that the Student is a registered student at the University in a program leading to a Medicine degree. At the time of the proposed clinical elective, the Student will be in the _____ year of academic study. He/she is expected to graduate in _____.
3. I have prepared a letter verifying that this Student is of good standing, including an assessment of the student's academic and clinical abilities, and an outline of his/her training while in medical school. The letter will accompany the application. I have explained personal public liability insurance and personal medical indemnity insurance to the Student, and advised him/her that personal public liability and personal medical indemnity insurance coverage for the duration of the clinical elective placement is required.

Signature:	
Name:	
Title:	
Position:	
Telephone:	
Email:	
Date:	

School seal or stamp: