

APPLICATION FORM FOR *Medical Student Electives*

Please complete clearly in black ink. Try to keep your answers within the spaces provided, but continue on a separate sheet where necessary.

Contact details

NAME:	DATE OF BIRTH:
ADDRESS:	
TELEPHONE:	EMAIL:

Preferred placement:

INDIA: ASHWINI INDIA: SVYM RWANDA NO PREFERENCE

Preferred Dates:

1 st Choice	2 nd Choice
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Higher education

Medical School: Current year of study: Medical School exam results to date:

Paid Work Experience (if any):

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Voluntary Work Experience (if any):

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Other qualifications / skills:

Extracurricular Activities

What travel experience do you have?

Why do you want to get out of this experience?

What do you hope to get out of it?

What are your future educational plans?

Which aspects of medicine are of special interest to you?

Do you have a project you will pursue?

This won't disadvantage you: do you have any health problems or special needs we need to know about?

Referees

Name of Tutor	Telephone	Address

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