

COLLEGE OF MEDICINE, NURSING & HEALTH SCIENCES
SCHOOL OF MEDICINE
Private Mail Bag
Suva, Fiji Islands
 Tel: 679-3233300 Fax: 679-3303469 Email: alisi.batimoko@fnu.ac.fj

<i>For Office Use Only</i>
Application No. _____
Date Received:

Please affix Passport Size Photograph Here
--

ELECTIVE APPLICATION FORM

1. Name:.....

Family Name	Given Names
--------------------	--------------------

2. Postal Address.....

3. Email Address:.....

4. Name & Address of your Medical School/University:

5. Programme of Study:..... Current Year:.....

6. Elective Dates: From..... To:
 (4 to 6 weeks minimum)

7. Discipline of Interest:
 [Medicine/Surgery/Paediatrics/Obstetrics & Gynaecology/ Community Medicine/
 Dentistry/Physiotherapy] Choose any one of your choice.
 Acceptance will depend on availability of placement in the area of your choice.

Please also note that you will only participate in the normal clinical activities of the Fiji School of Medicine and no other activity such as research projects.

8. Please enclose your CV with this application.

Signed **Date**.....
Applicant's signature

Send to: Elective Coordinator, School of Medicine, Private Mailbag, Suva, FIJI
 APPLICATIONS for the next year will only be received from January to 31st March this year.
 Late applications will not be accepted.