



HMSA MEDICAL ELECTIVE SCHOLARSHIP APPLICATION FORM

Personal Information:

Full name:

Current University:

University Student ID:

Home/Mobile Number:

University email:

Personal email:

Please indicate which email you would like ongoing HMSA correspondence not related to the Elective Scholarship application to be sent to:

University email Personal email

Nationality:

Course Information:

Course Title and Code:

Current Year Level of Study:

Campus & Clinical School:

Duration of Program:

Proposed Medical Elective Details:

Hospital/Health Facility of Elective:

Semester and Dates of Medical Elective:

Please attach to this application email correspondence and/or proof of acceptance at host Greek Medical Facility for your proposed Elective.

Personal Statement:

Please attach a typed application statement (up to 500 words) explaining your reasons for wanting to undertake a Medical Elective in Greece. Include a discussion of what you hope to gain from this experience, the particular area you will undertake (or undertook) the Elective in, as well as any challenges you expect to encounter. Please discuss any further reasons why you should be a successful recipient of this Scholarship.

Academic Transcript:

Please attach a certified copy of your current Academic Transcript.

Student Applicant Declaration:

I understand that the information collected on this form is collected for the primary purpose of processing and approving my application for a Scholarship to assist me to undertake a Medical Elective in Greece. I understand I have the right to access personal information that the HMSA holds about me, subject to any exceptions in relevant legislation.

I declare that the information I have supplied in this form is, to the best of my knowledge, complete and correct.

I understand that approval of my application is dependent on final approval by my Medical School and the host Greek Medical Facility. I understand I am responsible for all immigration and visa issues, and must have valid Medical Student indemnity that provides cover for an overseas Elective. I acknowledge that I will not be paid my Scholarship (if successful) until my acceptance (or completion) at the host Greek Medical Facility is approved and demonstrable.

I also agree to write an article accompanied with some photographs about the Elective experience for HMSA publication and become a member of the HMSA and present at a HMSA event about the experience.

I understand that if this is a retrospective application, the Elective must have been undertaken in the same calendar year as when this application was submitted, prior to the closing date.

Applicant's Signature: _____ **Date:** _____