

# CLINICAL ELECTIVE GRANT 2021 APPLICATION FORM

Name of Applicant: .....

Email address: ..... Contact No: .....

Degree Currently Enrolled In: .....

Anticipated Year of Graduation: ..... Student Number: .....

Home Address:  
.....  
.....

2. Details of host Institution to be visited: (Please include as an appendix the confirmation from the host institution that your visit is approved. If you do not yet have a confirmation, you will be required to show one at a later stage before the grant is paid.)

.....  
.....  
.....

3. Specialty of Clinical Elective:  
.....  
.....  
.....

4. Purpose of Clinical Elective:  
Please include learning objectives of your clinical elective  
.....  
.....  
.....

5. Are there any additional career benefits for you in undertaking an elective in this particular specialty or location?  
.....  
.....  
.....  
.....

6. Details of Travel:

Estimated duration of visit: .....

Proposed departure date: .....

Start date: .....

Finish date: .....

7. Total Cost of Elective:

€: .....

8. Breakdown of costs/detailed budget:

.....  
.....  
.....  
.....

9. Have any other external funds been secured to date:

No  Yes

If yes, please add details of these other funds:

.....

10. Are you planning to use this elective as either your Selective or Sub-Internship in SC2?

No  Yes

.....  
.....  
.....

11. I confirm that I have read and understood the terms and conditions of the Clinical Elective Grants programme

Signature of applicant: ..... Date: .....

Please attach any relevant supporting documentation, convert to a single pdf document, and email to [clinicalectivegrant@rcsi.ie](mailto:clinicalectivegrant@rcsi.ie) before 28th June 2021.