

# CLINICAL ELECTIVE GRANT 2022 APPLICATION FORM

Name of Applicant: .....

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

Degree Currently Enrolled In: .....

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

Home Address:

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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.)

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3. Specialty of Clinical Elective:

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

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5. Are there any additional career benefits for you in undertaking an elective in this particular specialty or location?  
Applications for clinical electives of a humanitarian need or in a developing country/region will be advantageous.

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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:

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

No ☐ Yes ☐

If yes, please add details of these other funds:

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

No ☐ Yes ☐

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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 **30th April 2022**.