



Clinical Elective Application Form

Section 1: Contact Information & Medical School Details

NAME	
ADDRESS	
TELEPHONE	
EMAIL	
NATIONALITY	
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>
Name of Medical School	
Address of Medical School	
Year of Entry	
Duration of Programme	
Current Year	
Expected Graduation Date	

Section 2: Elective Preferences

RCSI Bahrain does not have a definitive list of available electives. Please list your areas of interest and we will endeavour to accommodate you. List three preferences.

(1)	
(2)	
(3)	
Preferred dates (4 weeks)	
Alternative dates	

Prerequisite: completion of basic clerkship in elective speciality. Basic clerkship grade is required on official transcript.

Section 3: Approval

To be completed by the Dean of Medical Faculty (or comparable official) at medical school where the student is enrolled.

The medical student named above is in good standing at this institution and has approval to take the elective. The student is due to graduate in the year_____. The student [is] [is not] covered by student health insurance. At the conclusion of the elective, an evaluation report [is] [is not] required and our evaluation form [is] [is not] attached.

Name (Print)		OFFICIAL SEAL
Title		
Medical School		
Address		
Date		
Signature		

Section 4: Student Declaration

1. I accept and will abide by all applicable RCSI Bahrain policies, procedures and regulations, such as the Student Code of Conduct during my visit to RCSI Bahrain.
2. I understand and hereby agree that all information acquired through my work at RCSI Bahrain is confidential to RCSI Bahrain and I hereby undertake not to release any such information either during the term of my visit or thereafter to any third parties provided that this obligation of confidentiality shall not apply to information that is or becomes known to the public generally, other than through a breach of my obligations as set out in this agreement.
3. I accept that RCSI Bahrain shall be entitled to withdraw its permission for use of its premises and facilities if I do anything which breaches the provisions set out above or do anything which in the reasonable opinion of RCSI Bahrain brings or is likely to bring RCSI Bahrain's name or reputation into disrepute.
4. I confirm that at the end of my visit I will return all property belonging to RCSI (specifically including access/ID cards, keys etc.).

Name (Print)	
Date	
Signature	

Section 5: Application and Supporting Documents Check list

Please use the checklist below to insure you submit all required materials. All materials must be submitted in English. Documents submitted in a foreign language will not be processed and will render your application ineligible for review. RCSI Bahrain will not process an incomplete application.	
<input type="checkbox"/>	Application form
<input type="checkbox"/>	One Passport sized photo
<input type="checkbox"/>	Reference and letter of good standing from the Dean of the Medical School
<input type="checkbox"/>	CV
<input type="checkbox"/>	Official transcript of examination results
<input type="checkbox"/>	Immunization records (hepatitis B, tuberculosis, mumps, measles, rubella)
<input type="checkbox"/>	Code of conduct
<input type="checkbox"/>	Personal health insurance with international coverage

Please return this form and all supporting documents to:

Head of the School of Medicine, Royal College of Surgeons in Ireland-Medical University of Bahrain
Building 2441, Road 2835, Block 228, Busaiteen, Kingdom of Bahrain
Tel: +973 17351450 ext. 3430