# Instructions

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| 1. *Please complete your application with your school’s recommendation letter, your motivation letter(s), official transcript of records in English and your CV and language proficiency and passport scan.*
2. *This form must be TYPED and sent together with the above mentioned documents in one e-mail to* *internationaloffice@erasmusmc.nl*
3. *No guarantees are made in advance for an elective during the requested period.*
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# Personal information

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| Family name: |       |
| First name(s): |       |
| Male / Female: |  |
| Date of birth: |       |
| Place of birth: |       |
| Nationality (as listed in passport): |       |
| Visa necessary: | [ ]  Yes [ ]  No [*www.eur.nl/english/prospective/bachelor/howtoprepare/visa/*](http://www.eur.nl/english/prospective/bachelor/howtoprepare/visa/) |
| Postal address: |       |
| Postal code and city: |       |
| Private e-mail address: |       |
| Student e-mail address: |       |
| Mobile phone number: |       |
| Mother tongue: |       |
| Other languages: |       |

**Academic background**

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| Name of home institution: |       |
| City and country: |             |
| Education (medical or other): |       |
| Language of instruction at home school |       |
| Your current year of study: |   year of a       year program |
| List all the obligatory (required) clinical electives you have successfully completed | Elective Start/end date GradeInternal Medicine            General surgery            Paediatrics            Gynaecology                                                                |

# Application for a *clinical* *elective* ([ ]  Yes [ ] No)

# Application for a *mandatory rotation* ([ ]  Yes [ ] No)

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| How many departments do you want to visit: | [ ]  1 [ ]  2 [ ]  3 *If you only want to visit one department, you can indicate your preferences below* |
| Department **1st** choice and exact dates: | Dept of      , for       until       *(DD/MM/YYYY) =*       weeks |
| Motivation why this specific specialty |       |
| Department **2nd** choice and exact dates: | Dept of      , for       until       *(DD/MM/YYYY) =*       weeks |
| Motivation this specific specialty |       |
| Department **3rd** choice and exact dates: | Dept of      , for       until       *(DD/MM/YYYY)* =       weeks |
| Motivation this specific specialty |       |
| I speak and read Dutch  | [ ]  Yes [ ]  No  *Official Certificate Yes/No, if yes please attach* |
| I speak and read English  | [ ]  Yes [ ]  No  *When you do not speak Dutch: max 4 weeks per department Official Certificate Yes/No, if yes please attach* |
| I will be able to attend the mandatory MRSA test on: ,       *(DD/MM/YYYY)**The results of the mandatory MRSA test at Erasmus MC’s Screening Unit will take at least 3-5 working days. We therefore ask students to arrive at least one week before the actual starting date of the clinical elective. The MRSA test is not required for research electives.* |

# Application for a *research* elective ([ ]  Yes [ ]  No)

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| Name of department:  |        |
| Exact dates: | From       until       *Preferably 6 months or more* |

**Accommodation**

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| --- | --- |
| I will need accommodation: | [ ]  Yes [ ]  No  |
| *Please note that Erasmus MC does not offer housing on campus. Students therefore need to find accommodation themselves, although we can offer advice or assistance.* |

**Approval by home university**

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| *My home university exchange coordinator has agreed to this application and corresponding period. I have no educational obligations at my home university in that period.* |
| Coordinator home university/Exchange partner: |       |
| Title: |       | Gender:  |
| E-mail address coordinator: |       |
| Phone number:  |       *(include country and area code)* |

***Seal home university***

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| **Declaration**I hereby declare that the information provided above is true to the best of my knowledge and will abide by whatever decision the Faculty makes with regard to my application.**Application**I acknowledge that requesting and accepting an elective is a commitment and a reflection of my professionalism and will try to avoid (late) cancellation. I understand that last minute cancellations result in a missed opportunity for a fellow medical student.**Free of charge**This internship is offered to me free of charge but certainly not non-committal. I have sufficient funds to cover all expenses during my stay in Rotterdam. Date:       Signature or name and family name:       |

**Checklist for your convenience**

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| [ ]  Does your coordinator at your home university approve and agree to your application and the period of your choice? [ ]  This completed form;[ ]  CV;[ ]  Letter of recommendation of home university (if this application form is made official with a stamp/seal of  your home university that letter will not be necessary);[ ]  Official academic transcript of records in English;[ ]  A digital copy of your (valid) passport;[ ]  Proof of proficiency in English and/or Dutch;[ ]  A scan of your passport photo;[ ]  I have sent all these documents together in ***ONE*** e-mail. |