# 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*](mailto:internationaloffice@erasmusmc.nl) 3. *No guarantees are made in advance for an elective during the requested period.* |

# 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 Grade  Internal 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. |