



APPLICATION FOR ELECTIVE ROTATION

At the Victorian Institute of Forensic Mental Health (Forensicare)

Thank you for your interest in undertaking an elective rotation at the Victorian Institute of Forensic Mental Health (Forensicare). This Guideline describes the process required for an application to undertake an elective rotation at Forensicare, as well as the Application Form. If you would like to proceed with an Application to undertake your Elective at Forensicare, please complete the Application Form and forward with a current Curriculum Vitae.

Process for Applying to Undertake an Elective at Forensicare

The Victorian Institute of Forensic Mental Health offers a number of Elective positions for interested medical students each year. Due to a large number of applicants, we are unable to offer positions to all applicants.

Elective medical students are selected according to the following process:

- Once an Expression of Interest is received, this Application form is sent to the Medical Student.
- Medical Students wishing to proceed with their application should then complete this Application Form, and return to Dr Fiona Best with a current Curriculum Vitae. Queries may be forwarded to Dr Best (email address below).
- Once the Application and Curriculum Vitae have been received, the Applicant may be contacted and invited to meet with Dr Best.
- All Applications are reviewed in the October/November Medical Directorate Meeting for the following year.
- Applicants will be contacted by Dr Best following this meeting, regarding the outcome of their Application.
- The successful Medical Students are contacted by Human Resources to complete their application/ensure appropriate credentialing.
- Dr Best will coordinate the Elective. The Medical Student will be contacted in the month prior to the Elective with a Timetable including nominated contacts. All Access requirements will be completed at this time.

Elective Application Form – to be Completed by the Medical Student

Full Name:
Address:
Date of Birth:
Telephone:
Citizenship:
Email:
University/Medical School:
Local Coordinator:
Local Coordinator Email Address:
Local Coordinator Telephone Number:
Level of Education (at time of proposed placement): Length of course:
Have you completed any training in Psychiatry? Yes / No If yes, please describe this experience:
Please confirm whether this Elective is one mandated by your University, or undertaken as an optional experience in response to your own interest?
Please describe why you would like to undertake your Elective Rotation at Forensicare:
Please describe your learning objectives for your proposed Elective:
1.
2.
3.

Proposed Dates of Elective Period Earliest start date:
Latest finishing date:
Emergency Contact Name:
Telephone:
Relationship to Student:
I am aware that a \$550.00 Administration Fee must be paid if my application is approved and before commencing the Elective. Yes / No
Applicant Medical Student Signature:

Please return this form with a current Curriculum Vitae to:

Dr Fiona Best

fiona.best@forensicare.vic.gov.au

505 Hoddle Street

Clifton Hill VIC 3068