

1. PERSONAL INFORMATION (in block letters)

First name		Tick the following boxes as applicable: <input type="checkbox"/> - I require a Visa <input type="checkbox"/> - I have read and understood the FAQs <input type="checkbox"/> - I require a document by my Home University signed. For students commencing in January 2017 and later the following documentation is also required: <input type="checkbox"/> - English is my first language <input type="checkbox"/> - Police Conduct Certificate attached <input type="checkbox"/> - Malpractice Insurance evidence attached <i>Please add digital passport photo here:</i>
Family name		
Sex (Male/Female)		
Nationality		
Passport/ID Number		
Address		
Mobile Number		
E-Mail		
Home University or College		
Year of Studies		
Next of Kin		
E-mail		
Mobile Number		

2. DATES

I would like to apply for an Elective in Malta from:

1 st Preference :	From	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	to	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	[dd.mm.yyyy]
2 nd Preference :	From	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	to	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	[dd.mm.yyyy]

NB: Applicants to the Accident and Emergency Department as well as the Paediatrics Department will be accepted only if the applicant is a Final Year Medical Student.

3. PREFERRED SPECIALITIES

The preferred areas, in order of preference, for my Elective are;	1.	
	2.	
	3.	

4. STUDENT UNDERTAKING

I confirm that I have read and understood the terms and conditions as stipulated on page 2 and 3 of this application form. I accept that the University of Malta Faculty of Medicine and Surgery and the Malta Medical Students' Association (MMSA) reserve the right to withdraw my application if these conditions are not satisfied. I am aware that the information submitted above can be used by authorised personnel within the University of Malta and the MMSA, but it will not be passed on to any other individuals or entities.

Make sure you read all the conditions on this form. Kindly contact the Electives Office of the Faculty of Medicine and Surgery on medicalelective.ms@um.edu.mt on issues related to the Medical Electives Programme and the MMSA Electives Officer on issues relating to accommodation should you have any doubt before signing.

Applicant's Signature

Date of application

How to Apply

A. Checklist before sending the application:

- a) The first page of this application form duly filled in and signed;
- b) 1 digital passport sized photo;
- c) Scanned copy of the Visa/Residence Permit or Schengen Visa if applicable;
- d) A letter of recommendation from the home University confirming that the applicant is a medical student. This recommendation should not be issued earlier than a month prior to the application's submission date.

Kindly tick relevant boxes and send all documents indicated in (a) to (d) above in one .pdf document by email to:

electives@mmsa.org.mt

For students commencing in January 2017 and later the following documentation is also required:

- e) To submit a Police Conduct Certificate issued within 1 month prior to the date of application.
- f) To provide evidence of Malpractice Insurance.
- g) Students who do not speak English as a first language need to submit an official letter of recommendation from their home University stating that their level of English is adequate for them to be able to follow the Medical Electives Programme with profit.

Kindly tick relevant boxes and send all documents indicated in (a) to (g) above in one .pdf document by email to:

electives@mmsa.org.mt

B. Charges and Payment Procedure for Elective Students:

B.1 APPLICATION FEE: EUR 75.00 (paid once)
VISA/RESIDENCE PERMIT SUPPLEMENTARY FEE: EUR 75.00 (paid once)
The Visa/Residence Permit Supplementary will be applicable for applications submitted from 1/1/2016 onwards.

B.2 ADMINISTRATIVE FEE: EUR 69.88 per week

If the commencement date is after 1st January 2017 the following fees apply:

Application fees - €75 paid once

Visa/Resident Permit Supplementary fee - €75 paid once

Administrative fees - €75/week of elective period

Thus, a typical 4 week Elective period would cost €375. (€75 x 4 [weeks]) + €75.00 [application fee; paid once] = €375/month

C. Acceptance to Medical Electives Programme:

C.1 When an application is processed, applicants will receive a provisional letter of acceptance from MMSA and around two months before commencement the official acceptance letter subject to the submission and approval of the Health Form and results as detailed in section D.

C.2 After the official letter of acceptance is sent, an invoice will be issued with the total amount of fees to be paid. 50% of the total amount of fees due is to be effected 30 days prior to your arrival in Malta.

C.3 The bank transfer must indicate the student's full name and the words "Medical Elective".

For more details please refer to the FAQs section:
https://www.um.edu.mt/ms/medical_electives_programme

D. The Health Form

- (a) The Health Form can be downloaded from the website:
http://www.um.edu.mt/_data/assets/pdf_file/0009/285489/HealthFormElectives19.07.16.pdf.
- (b) The Health Form should be signed. The Form as well as any results should then be scanned and sent to the Medical Officer in charge of Occupational Health through an email to: robert.a.galea@gov.mt
- (c) Copies of ALL test results and documentation should be in ENGLISH. They should also be scanned and attached to the same email.
- (d) The email should be sent not later than 6 weeks before the commencement of your elective placement. Failure of submission within this deadline could mean that your application is withdrawn.
- (e) Insufficient information will require further enquiries and may delay the application process.

E. Cancellations and Refunds

Cancellation of the Elective Programme may be effected by sending an email to the Electives Office on medicalelective.ms@um.edu.mt and electives@mmsa.org.mt. Any bank charges involved in the refund transaction shall be paid by the student

The following policy applies:

- (a) Cancellation up to 1 month prior to commencement date of the elective period: 50% of amount paid will be refunded.
- (b) Cancellation up to 2 weeks prior to commencement date of the elective period: 25% of amount paid will be refunded.
- (c) Cancellation between 2 weeks prior to the commencement date and after commencement of your elective period: There will be NO refund.

**For further information, e-mail electives@mmsa.org.mt or medicalelective.ms@um.edu.mt
http://www.um.edu.mt/ms/medical_electives_programme**