

Application for the Medical Electives Programme

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 require a document by my Home University signed <input type="checkbox"/> - I filled the Home University Recommendation (on page 3) <input type="checkbox"/> - I have read and understood the FAQs Please add digital passport photo here: Date of application: [][] . [][] . [][][][]
Family name		
Gender		
Nationality		
Place and Date of Birth	Place of Birth:	
	Date of Birth: [][] . [][] . [][][][]	
Passport/ID Number		
Home Address		
Mobile Number <small>(If a Malta SIM mobile number is available, this should be provided.)</small>		
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:

1 st Preference :	From [][] . [][] . [][][][] to [][] . [][] . [][][][] [dd.mm.yyyy]
2 nd Preference :	From [][] . [][] . [][][][] to [][] . [][] . [][][][] [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 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, Mater Dei Hospital and the MMSA, but it will not be passed on to any other individuals or entities (in the case of students requiring a VISA to travel to Malta, the Malta Central VISA Unit can be liaised with).

Make sure you read all the conditions on this form. Kindly contact the Electives Office of the Faculty of Medicine and Surgery on the below contact details on issues related to the Medical Electives Programme and the MMSA on issues relating to accommodation should you have any doubt before signing.

MMSA Accommodation email address: accommodation@mmsa.org.mt
 MMSA Electives Coordinator: electives@mmsa.org.mt
 Medical Electives Programme email address: medicalelective.ms@um.edu.mt
 Electives Office Telephone Numbers: +356 2340 1122/1885
 Medical Electives Programme website: <https://www.um.edu.mt/ms/medicalelectives>

Applicant's Signature

For Office Use Only:

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) Scanned copy of the Passport (including Passport Number & Photo)
- e) Section F: the Home University Recommendation found on page 3 of this application form should be filled in and signed.

Kindly tick relevant boxes and send all documents indicated in (a) to (e) above in one .pdf document by email to: electives@mmsa.org.mt

N.B. Applications with missing documentation will be considered as incomplete and will not be processed.

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)

B.2 ADMINISTRATIVE FEE – EUR 75.00 /week of elective period
A typical 4 week Elective period would cost EUR375. (EUR75 x 4 [weeks] + EUR75.00 [application fee; paid once] = EUR375/month

Different charges apply for applicants requiring a VISA to travel to Malta and those applicants who apply for a medical elective placement of more than 16 weeks.

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

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".

D. THE OCCUPATIONAL HEALTH PROTOCOL – OHP – VISITING STUDENTS

- (a) The Occupational Health Protocol for visiting students can be downloaded from the website: <https://www.um.edu.mt/ms/medicalelectives/occupationalhealthprotocol>.
- (b) The Occupational Health Protocol 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 REFUND

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.

F. HOME UNIVERSITY RECOMMENDATION



L-Università ta' Malta
Faculty of Medicine & Surgery

HOME UNIVERSITY RECOMMENDATION

To be completed by the Dean or Designate of the Home University

I certify that _____ is a registered student at the
_____ (name of Medical School) in the _____ year of a _____ year
programme leading to a MD Degree. At the time of the proposed elective, student will be in the _____ year of academic study.
He/ she is expected to graduate in _____ (month/ year).

Assessment of Character and Conduct: _____

Assessment of Academic Ability: _____

Knowledge of English Language:

Written: _____ Spoken: _____

The language of instruction in our Medical School **is/ is not** English. If English is not the principal language of instruction, please state the standard of English _____.

I confirm that the above named medical student is in good standing with this Medical School and I support without reservation **his/ her** request to take part in the Elective Programme at the University of Malta. This student is authorised by our university to undertake this elective and will receive credit for it.

I **am/ am not** aware of any current or pending disciplinary or legal issues in relation to this student.

I **am/am not** aware of any medical condition of the student.

I certify that the photograph attached on Page 1 of this form **is/ is not** a true likeness of the applicant.

The student **is/ is not** covered by medical malpractice insurance by this university

Signature: _____ Date: _____

Name & Surname: _____ Title: _____

E-mail address: _____ Telephone: ++ _____

Official Stamp of Medical School: