

Application for the Medical Electives Programme

1. PERSONAL INFORMATION (in block letters)

First name		Tick the following boxes as applicable: <input type="checkbox"/> - I confirm that I have read, understood and accepted the terms and conditions as stipulated on page 2 of this application form and on the Medical Elective Programme FAQs. 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 or cancel my Medical Elective Placement if these conditions are not satisfied. <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 satisfy the requirements applicable to incoming tourists travelling to Malta. <input type="checkbox"/> - I confirm that no online assessment write-offs/ assessment certificates are required. The University of Malta will provide you with an alternative practical skills certificate which is accepted widely. <input type="checkbox"/> - I declare that I do not have any current or past convictions of any nature whatsoever. Please add digital passport photo here:
Family name		
Gender		
Nationality		
Place and Date of Birth	Place of Birth: Date of Birth: <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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		
Applicant's Signature		

2. DATES

I would like to apply for an Elective in Malta:

1st 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]
2nd 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. Electives cannot start on a Saturday, Sunday or Public Holiday, or end on a Sunday or Public Holiday.

3. PREFERRED SPECIALITIES

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

4. STUDENT UNDERTAKING

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 and on the Medical Elective Programme FAQs. Kindly contact the Electives Office of the Faculty of Medicine and Surgery and the MMSA on the below contact details on issues related to the Medical Electives Programme should you have any doubt before signing.

MMSA Electives Coordinator: electives@mmsa.org.mt
 Medical Electives Programme email address: medicalelective.ms@um.edu.mt
 Electives Office Telephone Numbers: +356 2340 1122/1214/1885
 Medical Electives Programme website: <https://www.um.edu.mt/ms/medicalelectives>

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) 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.
- f) Evidence of Travel Insurance coverage (including coverage for personal accidents)
- g) Scanned detailed Police Conduct Certificate issued within the 3 months from the date of the Application Form.
Another updated detailed Police Conduct Certificate issued not earlier than 3 months prior to the commencement date must be presented during the Introductory Meeting. If you are studying in a country away from your country of origin, you are required to submit the detailed Police Conduct Certificates issued from both countries. Students who fail to present the original detailed Police Conduct Certificate will **NOT BE ALLOWED** to commence their elective placement.

- h) Evidence of Medical Malpractice Insurance that covers your elective placement in Malta.
Applicants who are not covered by Medical Malpractice Insurance may obtain Medical Malpractice Insurance from the Faculty against payment (and can do so only after their application is processed by the MMSA Electives Team). They must indicate their intention to purchase the said insurance when sending us their application.

Please note that:

- i. For further information about VISA requirements to travel to Malta, please check the the Central Visa Unit website on the following links: <https://identita.gov.mt/central-visa-unit-sec-page-national-visa/> and <https://identita.gov.mt/central-visa-unit-visa-application-requirements-for-a-visa/>.
- ii. It is very important that if students experience COVID symptoms they do not attend clinical placements and book a swab test by calling 111. All absences must be reported by sending an email to medicalelective.ms@um.edu.mt.
- iii. **Applications with missing documentation will be considered as incomplete and will not be processed. Please DO NOT TRAVEL to Malta if any of the mandatory requirements have not been fully satisfied.**

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/ Residence Permit to travel to Malta and those applicants who apply for a medical elective placement of more than 12 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 Occupational Health Protocol 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. **The payment must be settled in full, two weeks before the commencement date. Students who fail to settle the invoice in full will NOT BE ALLOWED to commence their elective placement.**
- C.3** The bank transfer must indicate the student's full name, Invoice Number 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: ohu.phc@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

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.

F. HOME UNIVERSITY RECOMMENDATION



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.

I **am/ am not** aware of any past, current or pending cases of discipline or convictions of any nature whatsoever 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 during the Medical Elective Placement in Malta.

Signature: _____ Date: _____

Name & Surname: _____ Title: _____

E-mail address: _____ Telephone: ++ _____

Official Stamp of Medical School:

--