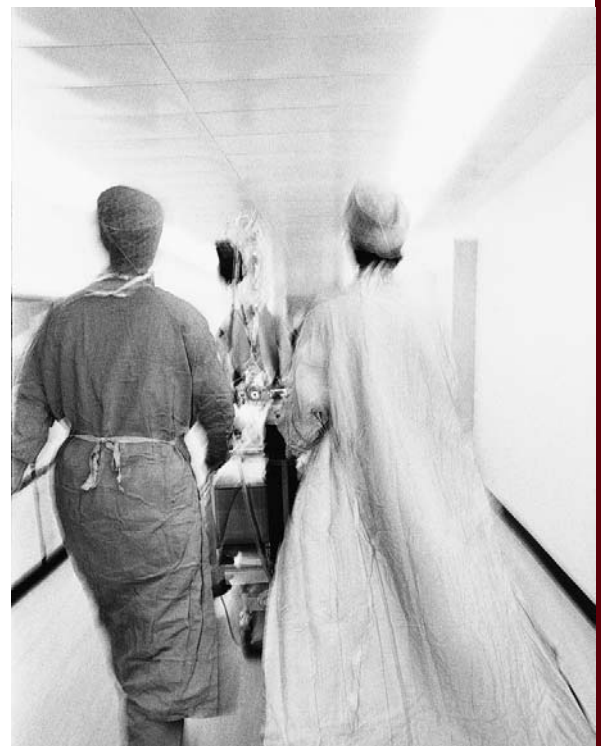




THE UNIVERSITY OF  
WESTERN AUSTRALIA  
*Achieving International Excellence*

January 2009

# ELECTIVE INFORMATION 2009/2010



**Faculty of Medicine, Dentistry & Health Sciences  
(M501)**

The University of Western Australia  
35 Stirling Hwy  
Crawley WA 6009

T +61 8 9346 2650  
F +61 8 9346 2369  
E [Leanne.Lind@uwa.edu.au](mailto:Leanne.Lind@uwa.edu.au)

[www.meddent.uwa.edu.au](http://www.meddent.uwa.edu.au)

CRICOS Provider Code: 00126G

Courier: 'N' Block, QEII Medical Centre,  
Sir Charles Gardner Hospital Site, Nedlands 6009

## TABLE OF CONTENTS

Page No.

2.	Table of Contents
3.	Overview for the UWA Level 6 MBBS elective students
4.	How to apply for an Urban, Rural, Interstate, International Elective Attachment (arranged by student)
4.	Application for an Urban, Rural, Interstate, International Elective Attachment (arranged by student)
4.	Letter of Good Standing
5.	Urban/Rural/Interstate/International Application to Undertake Elective Attachment form
6.	Travel and Indemnity Insurance
7.	Travel Approval Form
8.	Application for an Urban Elective Attachment in Perth
9.	Urban Perth Elective Attachment form
10.	Timing of electives
10.	Choosing where to go
10.	Whilst you are away
11.	When to return
11.	Elective report—What to include
11.	MRSA testing
12.	Supervisor's Report on Elective Student form
13.	Elective Information Sheet
14.	Scholarships
15.	Vaccinations—Africa / Middle East
16.	Vaccinations—Asia
17.	Vaccinations—Central & South America
18.	Vaccinations—Pacific / Papua New Guinea
19.	HIV PEP for elective students
20.	IT Medical travel letter to students
21.	Alan Charters Elective Prize
22.	Application for the Alan Charters Elective Prize form

---



THE UNIVERSITY OF  
WESTERN AUSTRALIA  
*Achieving International Excellence*

## OVERVIEW FOR UWA LEVEL 6 MBBS ELECTIVE STUDENTS

Faculty of Medicine, Dentistry & Health Sciences  
(M501)

The University of Western Australia  
35 Stirling Hwy  
Crawley WA 6009

T +61 8 9346 2650  
F +61 8 9346 2369  
E [Leanne.Lind@uwa.edu.au](mailto:Leanne.Lind@uwa.edu.au)  
[www.meddent.uwa.edu.au](http://www.meddent.uwa.edu.au)

CRICOS Provider Code: 00126G

Courier: 'N' Block, QEII Medical Centre,  
Sir Charles Gardner Hospital Site, Nedlands 6009

The elective placement offers students an opportunity to undertake supervised experience in clinical or community work anywhere in the world. It may be seen as an opportunity to prepare for a particular career direction or to explore different experiences or to enhance skills in particular areas. The placement is intended to provide practical experiences, awareness of professional practice, ability to function effectively as an individual and as a member of a team, and an understanding of professional responsibilities.

UWA MBBS student elective placements are categorised into 3 groups: International, Urban and Rural. Students enrol in specific elective unit codes for their elective placements which formally identify the elective.

The elective units are:

- IMED6603**      **Elective Placement (International)**
- IMED6604**      **Elective Placement (Urban)**
- IMED6605**      **Elective Placement (Rural)**

At least 6 weeks (usually between December and February) is allocated to the Elective program. The prime objective of the Elective is to provide students with experience in specific areas of medicine of their own choice. Students usually organise their own elective terms, however, if advice or assistance is needed students can contact the Elective Coordinator in the Faculty of Medicine, Dentistry and Health Sciences.

Applications for all electives must be approved by the Elective Coordinator.

Applications are assessed on the basis of:

- ◆ clearly outlined and appropriate learning objectives;
- ◆ safety (particularly for overseas trips);
- ◆ the work being appropriate for the level of training and experience.

On completion of an Elective, students write an elective report highlighting their achievements from the elective and what they learned from the experience. They should give some reflection on the practice of medicine in the location where they spent the elective and how it relates to their current medical experiences to date. The Consultant/Supervisor(s) is also required to complete a report form ranking the student's performance over various fields during their elective period. Both reports are a compulsory requirement of the elective placement and are needed, to satisfy the evaluation requirements of the elective term. The elective unit's record results of Ungraded Pass (UP) or Ungraded Fail (UF) as appropriate.

Students who are thinking of undertaking an international Elective are asked to consider the political stability of any candidate country. If there is doubt, they are advised to seek an alternative Elective term where their health and wellbeing will not be compromised.

The University's Risk Management Department takes out an insurance policy covering enrolled medical students who are on work experience/placements. As the Elective Term is a course requirement of the Medical degree, medical students are covered for Public Liability Insurance, Professional Indemnity and Personal Accident Insurance.

## HOW TO APPLY FOR AN - URBAN, RURAL, INTERSTATE, INTERNATIONAL ELECTIVE ATTACHMENT

(ARRANGED BY STUDENT—PAPERWORK MUST BE SUBMITTED BY 30 AUGUST 2009)

Once you have decided where you would like to undertake your elective, write to your chosen University/Hospital/Health Centre requesting an attachment. You should include in your letter:

- ◆ The departments you are interested in attending
- ◆ The dates you have been allocated for your elective
- ◆ Your current year of study in the medical course and contact address including email
- ◆ Letter of good standing
- ◆ Insurance Indemnity letter
- ◆ Your CV

The University/Hospital/Health Centre will then write back to you, usually enclosing an application form. Should you require Faculty assistance to complete this form, please contact Leanne Lind via email (Leanne.Lind@uwa.edu.au) to arrange a time to come into the Faculty office.

Please note that you should complete your part of the form before asking the Faculty to complete their section.

## APPLICATION FOR AN URBAN, RURAL, INTERSTATE, INTERNATIONAL ELECTIVE ATTACHMENT

(ARRANGED BY STUDENT—PAPERWORK MUST BE SUBMITTED BY 30 AUGUST 2009)

When you organise one or more of the above elective attachments yourself you will need to supply the following documents to Leanne Lind:

### **Urban, Rural, Interstate, International elective:**

1. Application to Undertake an Urban, Rural, Interstate, International Elective Form (on opposite page)
2. Travel Approval Form (on following pages)
3. Letter of acceptance from the University/Hospital. This may be in email or written form but is an essential requirements for approval of your elective application. Please ensures that the consultant acknowledges the elective and dates you will be attending in their correspondence.

## LETTER OF GOOD STANDING

This is a statement for you to send away to say that you are a bona fide student of this University. A copy of this letter will emailed to you in PDF format for you to utilize in your application process. This will be made available to you from January 2009.

---



THE UNIVERSITY OF  
WESTERN AUSTRALIA  
*Achieving International Excellence*

**URBAN / RURAL / INTERSTATE / INTERNATIONAL**

**APPLICATION TO UNDERTAKE ELECTIVE ATTACHMENT (ARRANGED BY STUDENT)**

PLEASE SUBMIT THIS FORM BY 30 AUGUST 2009 FOR APPROVAL BY THE FACULTY

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 STUDENT NO: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

I HAVE APPLIED TO/BEEEN ACCEPTED BY: (score out as applicable)

**ELECTIVE ATTACHMENT ONE:** \_\_\_\_\_ (Urban/Rural/Interstate or International)

NAME OF HOSPITAL/ORGANISATION: \_\_\_\_\_

NAME OF DEPARTMENT: \_\_\_\_\_

NAME OF CONSULTANT: \_\_\_\_\_

DATES OF ELECTIVE ATTACHMENT: \_\_\_\_\_

**ELECTIVE ATTACHMENT TWO:** \_\_\_\_\_ (Urban/Rural/Interstate or International)

NAME OF HOSPITAL/ORGANISATION: \_\_\_\_\_

NAME OF DEPARTMENT: \_\_\_\_\_

NAME OF CONSULTANT: \_\_\_\_\_

DATES OF ELECTIVE ATTACHMENT: \_\_\_\_\_

**ELECTIVE ATTACHMENT THREE:** \_\_\_\_\_ (Urban/Rural/Interstate or International)

NAME OF HOSPITAL/ORGANISATION: \_\_\_\_\_

NAME OF DEPARTMENT: \_\_\_\_\_

NAME OF CONSULTANT: \_\_\_\_\_

DATES OF ELECTIVE ATTACHMENT: \_\_\_\_\_

I hope to achieve the following from the above attachment(s) (specify briefly your major objectives, bearing in mind that you will be asked to report on your ability to meet these objectives after your elective).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ALL STUDENTS WILL BE NOTIFIED WHEN THEIR ELECTIVE APPLICATIONS HAVE BEEN APPROVED**  
**OFFICE USE ONLY:**

THIS APPLICATION HAS BEEN CONSIDERED BY THE ASSOCIATE DEAN AND/OR ELECTIVE COORDINATOR:

Approved

Approved with conditions

## TRAVEL AND INDEMNITY INSURANCE

### TRAVEL INSURANCE

The Travel Approval Form is required by this office so you are officially covered by the UWA Travel Insurance Policy whilst away.

The Corporate Travel Insurance details are listed on the website at:  
<http://www.safety.uwa.edu.au/policies/travel> for your elective.

When you submit your Travel Approval Form you are automatically covered for the term of your elective placement. Under the UWA Policy you are covered for the entire approved elective period plus 25% of travel time. You will need to organize your own travel insurance if you intend to do extra travelling whilst you are away.

Student who need documents stamped and signed by the Dean for the elective application process are asked to see me. The Dean has delegated signing authority to me in these instances and I will be able to help you complete your forms.

Make sure you have a checklist before you leave for your elective. Make a list of the most important things, Passport & Visa, Tickets, insurance (both health and travel), Foreign money, a list of contacts from home and for the elective destination.

Please check for current travel advice on the DFAT website. If there is a Level 4 Travel Advisory for the destination that you intend to travel to, you must not undertake your elective there and should seek advice from myself or Associate Professor Roland Kaiser as to what are your options.

### INDEMNITY INSURANCE

All indemnity insurance letters and insurance policy information for each student will be available from Leanne Lind. Please request your letter via email to [Leanne.Lind@uwa.edu.au](mailto:Leanne.Lind@uwa.edu.au)

Information regarding medical insurance can be obtained at the following web site:  
<http://www.safety.uwa.edu.au/policies/student>

For visa questions you should visit the Department of Immigration web site:  
[www.immi.gov.au](http://www.immi.gov.au) to ascertain which type of visa you will require.

Students who think they may be a candidate for supplementary exams should consider supplementary exam insurance. The Faculty understands that the policy provided by STA Travel covers such eventualities. You should personally confirm the details of this cover when applying. In the case of poor clinical performance during Level 5 MBBS, students may be required by the Faculty to undertake remediation in Perth. Please bear this in mind when making your elective arrangements.

---



**APPLICATION FOR AN URBAN ELECTIVE ATTACHMENT IN PERTH**  
**(ARRANGED BY FACULTY OFFICE —PAPERWORK MUST BE SUBMITTED BY 30 JUNE 2009)**

If you wish to undertake your elective in Perth, please fill out the application form opposite and return it to Leanne Lind, Elective Coordinator, Student Affairs, in the Faculty Office as soon as possible to enable early confirmation your placement/s.

The closing date for applications is 30 June, 2009. Applications received after this time may not be processed by this office and you will need to organise your own Perth elective.

To apply for an **Urban Perth Elective (organised by the Faculty Office)** you must submit:

- I. URBAN PERTH ELECTIVE ATTACHEMENT form. See opposite page.  
Must be submitted by 30 June, 2009.



THE UNIVERSITY OF  
WESTERN AUSTRALIA  
*Achieving International Excellence*

Faculty of Medicine, Dentistry & Health  
Sciences (M501)

The University of Western Australia  
35 Stirling Hwy  
Crawley WA 6009

T +61 8 9346 2650  
F +61 8 9346 2369  
E [Leanne.Lind@uwa.edu.au](mailto:Leanne.Lind@uwa.edu.au)  
[www.meddent.uwa.edu.au](http://www.meddent.uwa.edu.au)

CRI/COS Provider Code: 00126G

Courier: 'N' Block, QEII Medical Centre,  
Sir Charles Gardner Hospital Site, Nedlands 6009

## URBAN PERTH ELECTIVE ATTACHMENT (Form to be used when Elective Placement is organised by the Faculty Office)

PLEASE RETURN THIS FORM TO THE FACULTY OFFICE FOR THE ATTENTION OF  
LEANNE LIND, ELECTIVE COORDINATOR BEFORE 30<sup>TH</sup> JUNE, 2010 -

### PERSONAL:

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ STUDENT # \_\_\_\_\_

CORRESPONDENCE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME ADDRESS (If different from above): \_\_\_\_\_

EMAIL ADDRESS: (please print clearly) \_\_\_\_\_

HOME PHONE NO: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

### ELECTIVE:

STATE THE DEPARTMENT/S IN WHICH YOU WOULD LIKE TO UNDERTAKE YOUR ATTACHMENT IN ORDER OF PREFERENCE and IF YOUR PREFERENCES ARE TO BE SPLIT ATTACHMENTS: (please complete each preference)

1. \_\_\_\_\_ WEEKS: \_\_\_\_\_

2. \_\_\_\_\_ WEEKS: \_\_\_\_\_

3. \_\_\_\_\_ WEEKS: \_\_\_\_\_

4. \_\_\_\_\_ WEEKS: \_\_\_\_\_

5. \_\_\_\_\_ WEEKS: \_\_\_\_\_

TOTAL NUMBER OF ELECTIVE WEEKS: \_\_\_\_\_

STATE THE EXACT DATES YOU WILL BE AVAILABLE TO UNDERTAKE YOUR ELECTIVE:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

HAVE YOU CONTACTED ANY DEPARTMENT/S, IF YES, PLEASE SPECIFY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospital Preference :  
(in order) Sir Charles Gairdner Hospital \_\_\_\_\_  
Royal Perth Hospital \_\_\_\_\_  
Fremantle Hospital \_\_\_\_\_  
Princess Margaret Hospital \_\_\_\_\_

## TIMING OF ELECTIVES

- ◆ Students are allowed to commence their elective placements when their exams have been completed.
- ◆ It is the student's responsibility to access their exam results when they are released.
- ◆ Students needing clinical remediation and a supplementary OSCE are usually expected to terminate their elective placements immediately. This will ensure that students will have some recreation time before the start of remediation in mid-January. Remediation will replace the student's elective placement obligations. Student's will enroll in the IMED6604 Elective Placement (Urban) unit code in this instance.

## CHOOSING WHERE TO GO

Investigate the various options. The Hospital/University you choose does not have to be a teaching hospital. Some elective information is held in the Faculty Office including two files, an International Elective book and a World Medical School Directory, and you are welcome to browse through these during office hours, just ask at Reception. Get help with The Electives Network (TEN) - an online elective database profiling over 5,000 hospitals, more than 100 countries, grants and funding sources, visa and travel information. Unlike a printed reference, TEN is updated frequently, giving you the latest information at your fingertips and helping to make planning your elective quick and easy. TEN is exclusively available in Australia to Student Members of MDA National. Membership of MDA National is FREE. <http://www.mdanational.com.au/students/electives-network.aspx> Also, for guidance, speak to the Level 6 students who have completed their elective. Also attending the Alan Charter's prize presentations is a good way to find out about electives. The event is usually held in early May.

The Faculty has been contacted by the following hospitals/organisations which have asked for Elective Students:

- ◆ Drum Tower Hospital, Nanjing Medical School, China

<http://www.njglyy.com/en/index.htm>

A special agreement between Nanjing University and UWA has been established and we now offer elective placements for a minimum of 6 weeks to a maximum of 3 months to final year medical students. Applicants applying to Nanjing University are asked to consider applying for the Sobotka Scholarship. All elective students will be provided with free accommodation during their elective term. There are only three places available each year and application close on 31st August, 2009. Students who express an interest in attending this elective are asked to contact

Professor Ming Hao Zheng, PhD, DM, FRCPath, ARCAP

Director of Research

Centre For Orthopaedic Research,

School of Surgery

University of Western Australia

Nedlands, Perth, Australia 6009

Telephone: + 61 8 9346 4050

Fax: + 61 8 9346 3210

## WHILE YOU ARE AWAY

Make sure your supervisor/s in the institution where you undertake the elective attachment completes the SUPERVISOR'S REPORT ON ELECTIVE STUDENT form (on opposite page). This must be returned to Leanne Lind, Elective Coordinator in the Faculty Office, by **31 March 2009** along with your elective report. Please ensure that you have enough copies for each of the departments/supervisors you will be going to. Failure to produce a the supervisor/s and elective reports will jeopardise your chances to dedicate at the end of the year.

Random checks will be carried out by the Elective Coordinator confirming your time at the elective destination. Should the full term of your elective be jeopardised in any way you **MUST** contact the Elective Coordinator immediately.

Start thinking about applying for the Alan Charters Elective Prize \$1000 for the winner and \$250 for the runners up. Plan the angle on your elective that you will take, so that you can take appropriate slides or photos.

## WHEN YOU RETURN

The mandatory pre-intern orientation will be held on the Friday before the commencement of Term 2. Therefore you will need to complete your elective before this date and your MRSA testing must also be completed before commencing Term 2. MRSA testing can take one week to complete.

On completion of your elective attachment you must write an elective report highlighting your achievements from the elective and what you learned from the experience. Also some reflection should be given on the practice of medicine in the location where you spent the elective and how it relates to your current medical experiences to date.

You must also return the completed Supervisor/s Report On Elective Student form.

Both reports are a compulsory requirement of the elective placement and are needed to satisfy the evaluation requirements of the elective term. The elective unit's record results of Ungraded Pass (UP) or Ungraded Fail (UF) as appropriate.

Completion of the Elective Information Sheet is also requested. This will give students in coming years an idea of what your elective attachment was about and the contact information should they also wish to attend. (see form on page 14)

## ELECTIVE REPORT—WHAT TO INCLUDE:

- ◆ Your name and student number on the front page and the report should be stapled
- ◆ Where you went (department, institution, country, name of supervisor/s)
- ◆ What work you undertook
- ◆ How your achievements for the elective related to your original aims
- ◆ What you learned from the experience
- ◆ Some reflection on the practice of medicine in the town/city/country where you spent the elective and how it relates to your experience with medicine in WA
- ◆ 1500 words minimum will be sufficient, but feel free to write more if you wish
- ◆ The report must be typed
- ◆ **The elective report must be handed in by 31 March 2009.** The reports must be handed into the Faculty Office by the due date for assessment. An UF will be given to students who fail to hand in their reports by this date. Students will not dedicate if they have a UF in their final results.

## MRSA TESTING

Please bear in mind that if you are travelling interstate or internationally for your elective, it is your responsibility to be tested for MRSA on your return. A negative test result must be obtained before entering the hospital wards for sixth year and results will take up to four working days to process.

You can be tested at the following location at the QEII Medical Centre, Mon — Fri at the Specimen Collection, PathCentre, J Block SCGH (approximately \$37.40 charge) or at a Centre of your choice.

**You must take your test results with you on your first day back in the hospitals, this is a Health Department regulation if you have been out of WA.**

---



**THE UNIVERSITY OF  
WESTERN AUSTRALIA**  
*Achieving International Excellence*

**Faculty of Medicine, Dentistry & Health Sciences (M501)**

The University of Western Australia  
35 Stirling Hwy  
Crawley WA 6009

T +61 8 9346 2650  
F +61 8 9346 2369  
Leanne.Lind@uwa.edu.au  
[www.meddent.uwa.edu.au](http://www.meddent.uwa.edu.au)

CRICOS Provider Code: 00126G

Courier: 'N' Block, QEII Medical Centre,  
Sir Charles Gardner Hospital Site, Nedlands 6009

## SUPERVISOR'S REPORT ON ELECTIVE STUDENT

**THIS FORM MUST BE FORWARDED TO THE ELECTIVE  
COORDINATOR BY 31 MARCH 2010**

NAME OF STUDENT : \_\_\_\_\_  
HOSPITAL : \_\_\_\_\_  
DEPARTMENT/UNIT : \_\_\_\_\_  
ELECTIVE DATES : FROM \_\_\_\_\_ TO \_\_\_\_\_  
SUPERVISOR : \_\_\_\_\_

Professional Qualities	Unacceptable	Below Average	Average	Above Average	Outstanding
Attendance					
Rapport with patients					
Clinical judgement					
Case records					
Case presentations					
Technical ability					
Ability to work unsupervised					
Overall Assessment					

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Seal or Stamp of the  
University/Hospital attended:



**THE UNIVERSITY OF  
WESTERN AUSTRALIA**  
*Achieving International Excellence*

**Faculty of Medicine, Dentistry & Health Sciences (M501)**

The University of Western Australia  
35 Stirling Hwy  
Crawley WA 6009

T +61 8 9346 2650  
F +61 8 9346 2369  
Leanne.Lind@uwa.edu.au  
[www.meddent.uwa.edu.au](http://www.meddent.uwa.edu.au)

CRICOS Provider Code: 00126G

Courier: 'N' Block, QEII Medical Centre,  
Sir Charles Gardner Hospital Site, Nedlands 6009

## ELECTIVE INFORMATION SHEET

Please return form to Leanne Lind

Following your elective please complete this form. The forms will be collated and the information made available to all medical students to assist with the planning of their electives. Your contact details are optional. The forms will be held in the Faculty Office.

### ELECTIVE WAS UNDERTAKEN AS FOLLOWS:

COUNTRY:			
STATE:			
UNIVERSITY:			
CONTACT PERSON:			
ADDRESS:			
TELEPHONE NO:		FAX NO:	
EMAIL ADDRESS:			
ELECTIVE DATES:			
ATTACHED TO:	HOSPITAL:		
	DEPARTMENT/S:		
COMMENTS:			
STUDENT'S NAME: optional			
CONTACT DETAILS: optional			

This information will be made available to other students.

## SCHOLARSHIPS & GRANTS

Applications are now open for the various scholarships listed below that are available to provide some financial assistance with your Level 6 MBBS elective placement. The closing date for all of the scholarships is **Thursday 31 July 2008** and applications should be submitted to the Manager (Student Affairs) at the Faculty Office, N block, QEII Medical Centre, Mailbag M501 with the exception of the PMH scholarships that go directly to Princess Margaret Hospital for Children.

### **P.F. SOBOTKA UNDERGRADUATE SCHOLARSHIP**

(Principally South East Asian Countries)

Note: Applications from students wishing to undertake study at Drum Tower Hospital, Nanjing University Medical School (China), will be favourably regarded and up to three candidates per year will be considered.

Conditions: <http://spe.publishing.uwa.edu.au/latest/scholarships/undergraduate/sobotka>

Application Form: <L:\Student administration\Scholarships\P F Sobotka Scholarship>

### **PHYLLIS LEVINE ELECTIVE SCHOLARSHIP**

(Aboriginal & Torres Strait Islander Health)

Conditions: <http://spe.publishing.uwa.edu.au/latest/scholarships/undergraduate/levine>

Application Form: <L:\Student administration\Scholarships\Phyllis Levine Elective Scholarship>

### **DAVIS UNDERGRADUATE SCHOLARSHIP IN PALLIATIVE CARE**

Conditions: <http://spe.publishing.uwa.edu.au/latest/scholarships/undergraduate/davis>

Application Form: <L:\Student administration\Scholarships\Davis Undergraduate Scholarship in Palliative Care>

### **HAROLD McCOMB ELECTIVE SCHOLARSHIP**

(Aboriginal & Torres Strait Islander Health & developing countries)

Conditions: <http://spe.publishing.uwa.edu.au/latest/scholarships/undergraduate/harold>

Application Form: <L:\Student administration\Scholarships\Harold McComb Elective Scholarship>

#### ◆ **WB MACDONALD SCHOLARSHIP (PMH)**

(Child health in a developing country or equivalent)

#### ◆ **PHILIP KING SCHOLARSHIP (PMH)**

(Child health in South East Asia)

#### ◆ **PAUL CARMAN SCHOLARSHIP (PMH)**

(Indigenous child health either in rural or remote Australia or in a suitable country with an indigenous health focus) Conditions: <L:\Student administration\Scholarships\MacDonald, King & Carman PMH Elective Scholarship>

Application Form: <L:\Student administration\Scholarships\MacDonald, King & Carman PMH Elective Scholarship>

### **MIGA FOUNDATION STUDENT ELECTIVE GRANT PROGRAM**

MIGA Foundation Student Elective Grants Program - "Supporting Medical Students in Developing Communities". A major benefit of being a Student Member with MIGA is the opportunity it gives you to apply for an Elective Grant. The MIGA Foundation was formed in 2004 with the aim of providing financial support for medical students via an Elective Grants Program. The Elective Grants Program provides funding for a number of medical students to pursue an elective program in an area of personal interest and/or relevance to their medical studies. <http://www.miga.com.au/Content.aspx?p=57>

### **OS-HELP LOAN SCHEME FOR STUDENT ELECTIVES**

OS-HELP provides financial assistance to eligible students who are normally based in Australia to undertake part of their course of study overseas. OS-HELP assistance may be used to cover expenses associated with the overseas study, such as airfares, accommodation and other travel or settling expenses. Further information regarding OS-HELP loans is available through <http://www.studentservices.uwa.edu.au/ss/financial/oshelp>

### **JOHN FLYNN SCHOLARSHIP HOLDERS—PLEASE NOTE**

All John Flynn Scholarship holders should note that they will be not be permitted to use this placement as their Level 6 MBBS elective placement.

## VACCINATIONS—AFRICA / MIDDLE EAST

- ◆ *Polio*. Booster is required for Nigeria
- ◆ *Tetanus*. Booster within 10 years advisable, preferably with Boostrix or Adacel which includes diphtheria and pertussis.
- ◆ *Measles Mumps Rubella*. It is essential to be immune to these. This means a definite history of two shots, or confirmatory serology. Measles in particular is common and very serious, one of the leading cause of infectious disease deaths in Africa.
- ◆ *Varicella*. It is essential to be immune to chicken pox. This means a definite history of two shots, or confirmatory serology.
- ◆ *Hepatitis A*. Mandatory
- ◆ *Hepatitis B*. Mandatory.
- ◆ *Typhoid*. Recommended for all but the most low risk destinations.
- ◆ *Yellow Fever*. This vaccination is mandatory for most countries of sub Saharan Africa, and you may be required to show the certificate at customs on arrival there or at subsequent countries you visit, including Australian customs. You will have to attend a licensed Yellow Fever Clinic to get this vaccine. It is not required if you are travelling only to Southern Africa, North Africa, or the Middle East.
- ◆ *Cholera*. While we do not routinely vaccinate all travellers to risk areas, health workers do fall into a higher risk group and for certain elective attachments, cholera vaccination is recommended. Dukoral, which comes as an effervescent drink, is also believed to afford some protection against travellers diarrhoea caused by ETEC.
- ◆ *Meningococcus*. The so-called 'meningitis belt' of Africa is usually taken to mean the countries of West, Central and East Africa which often have outbreaks from December to June. Some electives will be higher risk than others, but health workers generally are occupationally exposed, and vaccination should be considered for health workers in all parts of Africa and the Middle East.
- ◆ *Rabies*. Vaccination should be considered especially by those travelling to remote locations, or where medical resources are basic, and those who may go trekking or cycling. The stakes are very high, since clinical rabies is invariably fatal, while vaccination is safe and very effective. While post-bite protection can be initiated, it should be appreciated that in an unimmunised person this requires the use of rabies immune globulin, a blood product. One is naturally keen to avoid receiving a blood product in Africa, and in any case the product has become increasingly difficult to obtain. It is far preferable for those at risk to take their own antibodies with them, through vaccination. A good principle is 'don't pat anything with teeth.'
- ◆ *Influenza* is an occupational hazard for doctors and indeed for all travellers and annual vaccination should be considered.
- ◆ Mosquito-borne illness  
Always avoid mosquitoes. There are over 500 illnesses around the world transmitted by these pests.
- ◆ *Malaria* will of course be the major concern for many students undertaking elective attachments in Africa. Most of the world's malaria occurs in Africa, with up to two million deaths annually. The three principles of avoiding this fate are: 1. Avoid mosquito bites 2. If appropriate, take malaria tablets 3. Early diagnosis and treatment of any febrile illness afterwards.

The first question is not 'what tablet do you need', but 'what is your risk'. For a few, eg attachments in Nairobi or Johannesburg or Harare, the risk may be 'nil' or 'very low' but if your elective is in tropical Africa it is likely that you will be at high risk and malaria prophylaxis will be suggested. Certain tablets (mefloquine particularly) should be trialled prior to departure, and your exam fortnight prior to departure may not be the ideal time to be experiencing vivid dreams. Again, discussing this two months before departure with a knowledgeable travel doctor will leave you with more options.

In some situations it may be appropriate to carry 'stand-by' treatment for malaria. The drug of choice in Africa is currently *Riamet* (artemether plus lumefantrine)

- ◆ *HIV/AIDS* This is an enormous medical problem in Africa. For some elective attachments it may be appropriate for students to carry emergency post-exposure treatment. See Dr Liam O'Connor if this may apply to you. Universal precautions are mandatory, and you should not agree to place yourself in a situation counter to your best instincts. (A dimly lit room in Mali is not the ideal place in which to learn to suture an episiotomy!) You may wish to bring your own gloves and protective eyewear.
- ◆ *Tuberculosis* It is likely you will see clinical tuberculosis on an elective attachment in Africa. There is little or no role for BCG vaccination in adults. For those with possible TB exposure it is advised that Quantiferon Gold blood testing be conducted about three months following return, to exclude latent TB.

### Medical Kit

All students should take a medical kit for self-treatment of such conditions as traveller's diarrhoea, respiratory infections, cuts and abrasions etc. For some elective attachments it may be appropriate to include Tamiflu for standby treatment or prophylaxis in the event of influenza outbreak.

## VACCINATIONS—ASIA

- ◆ *Polio*. Booster is required for India, Pakistan and Afghanistan.
- ◆ *Tetanus*. Booster within 10 years advisable, preferably with Boostrix or Adacel which includes diphtheria and pertussis.
- ◆ *Measles Mumps Rubella*. It is essential to be immune to these. This means a definite history of two shots, or confirmatory serology. Measles in particular is common and very serious, one of the leading cause of infectious disease deaths in children in Asia.
- ◆ *Varicella*. It is essential to be immune to chicken pox. This means a definite history of two shots, or confirmatory serology.
- ◆ *Hepatitis A*. Mandatory
- ◆ *Hepatitis B*. Mandatory.
- ◆ *Typhoid*. Recommended for all but the most low risk destinations.
- ◆ *Cholera*. While we do not routinely vaccinate all travellers to risk areas, health workers do fall into a higher risk group and for certain elective attachments, cholera vaccination is recommended. Dukoral, which comes as an effervescent drink, is also believed to afford some protection against travellers diarrhoea caused by ETEC.
- ◆ *Rabies*. Vaccination should be considered especially by those travelling to remote locations, especially mountainous regions where transport out may be delayed, or where medical resources are basic, and those who may go trekking or cycling. South Asia, especially India, is particularly high risk, with most of the world's rabies deaths occurring in this region. There have been increased numbers in China recently. Dog or monkey bites in such countries pose a big risk, and the stakes are high. Clinical rabies is invariably fatal, while vaccination is safe and very effective. While post-bite protection can be initiated, it should be appreciated that in an unimmunised person this requires the use of rabies immune globulin, a blood product which has the disadvantages of being increasingly hard to obtain or, if available, possibly unsafe or unreliable. It is far preferable for those at risk to take their own antibodies with them, ie through vaccination prior to departure.
- ◆ *Japanese Encephalitis*. This is a mosquito-borne viral illness mostly found in rural areas throughout Asia, with India, Southern China, Thailand, Vietnam and the Philippines reporting particularly high numbers. It carries high rates of mortality (25%) and neurological complications among survivors (50%). There is no person-to-person spread, so doctors are not at increased risk. Nonetheless, those spending more than a month in rural areas in Asia, especially if residing in agricultural areas in basic accommodation, should be vaccinated.
- ◆ *Meningococcus*. Meningococcal disease occurs in all countries. The so-called 'meningitis belt' of Asia is usually taken to include Northern India, Nepal, and Tibet during the months December to June. Some electives will be higher risk than others, but health workers generally are occupationally exposed to meningococcal disease, and vaccination should be considered for students undertaking electives in these higher risk locations.
- ◆ *Influenza* is an occupational hazard for doctors and indeed for all travellers and annual vaccination is recommended.
- ◆ Mosquito-borne illness  
Always avoid mosquitoes. There are over 500 illnesses around the world transmitted by these pests. Health problems may be seasonal. For much of Asia the high risk time is during the monsoon season from June to October, but this of course changes with latitude. The wet season in the southern hemisphere (eg for Java, Bali, Lombok, Nusa Tenggara) starts in December. There is no good time or place to get bitten by mosquitoes.
- ◆ *Dengue fever* is present throughout Asia, including cities such as Singapore and Kuala Lumpur. Mosquito avoidance is the only protection available currently.
- ◆ *Japanese Encephalitis* is vaccine-preventable. (see above)
- ◆ *Malaria* risk for your elective requires assessment on an individual basis. The three principles are: 1. Avoid mosquito bites 2. If appropriate, take malaria tablets 3. Early diagnosis and treatment of any febrile illness afterwards.
- ◆ Malaria prescribing for Asia is complex. The first question to ask is not 'what tablet do I need?', but 'what is my risk?'. The answer to this question for Asian destinations requires a good knowledge of the precise location you will be going to. You will not get this from an 'A to Z' guide. You should seek advice, preferably from an experienced travel health doctor, regarding your malaria risk in Asia. It may be that for part of your elective you will be at no risk (eg staying in reasonable place in town), but for part you will travel to a high risk area (eg rural clinics staying in basic huts.) Resistance patterns vary from place to place and influence the choice of malaria tablets. For instance the border regions of Thailand have multi-drug resistant malaria, limiting the options for prophylaxis. Certain tablets (mefloquine particularly) should be trialled prior to departure, and your exam fortnight prior to departure may not be the ideal time to be experiencing vivid dreams. Again, discussing this two months before departure with a knowledgeable travel doctor will leave you with more options. In some situations it may be appropriate to carry 'stand-by' treatment for malaria. The drug of choice is currently *Riamet* (artemether plus lumefantrine)
- ◆ HIV /AIDS  
This is a growing medical problem in Asia. For some elective attachments it may be appropriate for students to carry emergency post-exposure treatment. See Dr Liam O'Connor if this may apply to you. Universal precautions are mandatory, and you should not agree to place yourself in a situation counter to your best instincts. You may wish to bring your own gloves and protective eyewear.
- ◆ *Tuberculosis* There is little or no role for BCG vaccination in adults. For those with possible TB exposure it is advised that Quantiferon Gold blood testing be conducted about three months following return, to exclude latent TB.
- ◆ Altitude Sickness  
Those undertaking elective attachments in Nepal or other Himalayan locations should be well versed in this condition, and know how to avoid it, identify it and treat it.

### Medical Kit

All students should take a medical kit for self-treatment of such conditions as traveller's diarrhoea, respiratory infections, cuts and abrasions etc. For some elective attachments it may be appropriate to include Tamiflu for standby treatment or prophylaxis in the event of influenza outbreak.

## VACCINATIONS—CENTRAL & SOUTH AMERICA

- ◆ *Tetanus*. Booster within 10 years advisable, preferably with Boostrix or Adacel which includes diphtheria and pertussis.
- ◆ *Measles Mumps Rubella*. It is essential to be immune to these. This means a definite history of two shots, or confirmatory serology. Measles in particular is common and very serious, one of the leading cause of infectious disease deaths in the developing world.
- ◆ *Varicella*. It is essential to be immune to chicken pox. This means a definite history of two shots, or confirmatory serology.
- ◆ *Hepatitis A*. Mandatory
- ◆ *Hepatitis B*. Mandatory.
- ◆ *Typhoid*. Recommended for all but the most low risk destinations.
- ◆ *Yellow Fever*. Vaccination is mandatory for those heading for all countries in South America except Chile, Argentina, Uruguay and Paraguay. You may be required to show the certificate at customs on arrival there or at subsequent countries you visit, including Australian customs. You will have to attend a licensed Yellow Fever Clinic to get this vaccine.
- ◆ *Cholera*. While we do not routinely vaccinate all travellers to risk areas, health workers do fall into a higher risk group and for certain elective attachments, cholera vaccination is recommended. Dukoral, which comes as an effervescent drink, is also believed to afford some protection against travellers diarrhoea caused by ETEC.
- ◆ *Meningococcus*. Some electives will be higher risk than others, but health workers generally are occupationally exposed, and vaccination should be considered for health workers.
- ◆ *Rabies*. Overall the risk of exposure in Central and South America is less than those spending time in South Asia, for instance, and pre-travel vaccination would not be routinely suggested. However vaccination should be considered by those travelling to remote locations, especially mountainous regions where transport out may be delayed, or where medical resources are basic, and those who may go trekking or cycling. As a general principle all animal bites are to be treated as presumed rabies exposure. Don't pat anything with teeth.
- ◆ *Influenza* is an occupational hazard for doctors and indeed for all travellers and annual vaccination is recommended.
- ◆ *Mosquito-borne illness* Always avoid mosquitoes. There are over 500 illnesses around the world transmitted by these pests.
- ◆ *Dengue fever* and other arboviruses are present in tropical parts. Prevention consists of avoidance of mosquito bites.
- ◆ *Malaria* risk varies according to your location within each country and you should seek reliable advice regarding this from a travel health specialist. The Caribbean islands are free of malaria, with the exception of Haiti and the Dominican Republic. Much of Central America has risk, mostly of vivax malaria, but not those areas at altitudes above 2500m. In South America, there is some risk in the Amazon basin and the coastal areas of the tropics but there is no risk in Chile, Uruguay, and most of Argentina. There is no risk in the Andean part of the continent, ie at altitudes above 2500 m.

For those visiting risk areas, the three principles are:

1. Avoid mosquito bites.
2. If appropriate, take malaria tablets.
3. Early diagnosis and treatment of any subsequent fevers.

The issue of malaria prophylaxis should be discussed with a travel doctor. Certain tablets (mefloquine particularly) should be trialled prior to departure, and your exam fortnight prior to departure may not be the ideal time to be experiencing vivid dreams. Discussing the possibilities two months before departure will leave you with more options. In some situations it may be appropriate to carry 'stand-by' treatment for malaria. The drug of choice is currently *Riamet* (artemether plus lumefantrine)

- ◆ *HIV/AIDS* There is great variation from country to country in this region with respect to HIV / AIDS. Haiti for instance has very high rates. Universal precautions should always be taken, and advice taken in the event of parenteral exposure such as a needlestick injury. For some elective attachments it may be appropriate for students to carry emergency post-exposure treatment. See Dr Liam O'Connor if this may apply to you. You may wish to bring your own gloves and protective eyewear.
- ◆ *Tuberculosis* There is little or no role for BCG vaccination in adults. For those with possible TB exposure it is advised that Quantiferon Gold blood testing be conducted about three months following return, to exclude latent TB.
- ◆ *Altitude Sickness* Those planning to work in or travel to locations in the Andes should be well versed in this condition, and know how to avoid it, identify it and treat it. Those flying into Cusco, Peru, for instance should appreciate that they will be at over 3000 metres, and a percentage of each group will suffer some symptoms.

### Medical Kit

All students should take a medical kit for self-treatment of such conditions as traveller's diarrhoea, respiratory infections, altitude sickness, cuts and abrasions etc. For some elective attachments it may be appropriate to include Tamiflu for stand-by treatment or prophylaxis in the event of influenza outbreak.

## VACCINATIONS—PACIFIC / PAPUA NEW GUINEA

- ◆ *Tetanus*. Booster within 10 years advisable, preferably with Boostrix or Adacel which includes diphtheria and pertussis.
- ◆ *Measles Mumps Rubella*. It is essential to be immune to these. This means a definite history of two shots, or confirmatory serology. Measles in particular is common and very serious, one of the leading cause of infectious disease deaths in children in the developing world.
- ◆ *Varicella*. It is essential to be immune to chicken pox. This means a definite history of two shots, or confirmatory serology.
- ◆ *Hepatitis A*. Mandatory
- ◆ *Hepatitis B*. Mandatory.
- ◆ *Typhoid*. Recommended for all but the most low risk destinations.
- ◆ *Cholera*. While we do not routinely vaccinate all travellers to risk areas, health workers do fall into a higher risk group and for certain elective attachments, cholera vaccination is recommended. Dukoral, which comes as an effervescent drink, is also believed to afford some protection against travellers diarrhoea caused by ETEC.
- ◆ *Rabies*. Risk appears to be very low or nil in this region and routine pre-travel vaccination would not be required. Advice should be sought in the event of an animal bite.
- ◆ *Japanese Encephalitis*. This is a mosquito-borne viral illness mostly found in rural areas throughout Asia, but with sporadic cases reported in PNG, Torres Strait Islands and some Pacific Islands. Vaccination may be warranted for higher risk circumstances, eg Fly River area of PNG.
- ◆ *Meningococcus*. Meningococcal disease occurs in all countries. Some electives will be higher risk than others, but health workers generally are occupationally exposed to meningococcal disease, and vaccination should be considered for students undertaking electives in these higher risk locations.
- ◆ *Influenza* is an occupational hazard for doctors and indeed for all travellers and annual vaccination is recommended.
- ◆ Mosquito-borne illness  
Always avoid mosquitoes. There are over 500 illnesses around the world transmitted by these pests. Health problems may be seasonal. For this region, the wet season happens to coincide with the time of year that most medical students are undertaking their electives, ie starting in December.
- ◆ *Dengue fever* is present in this region. Prevention consists of avoidance of mosquito bites.
- ◆ *Japanese Encephalitis* is vaccine-preventable and vaccination may be warranted for some elective attachments in this region.
- ◆ *Malaria* risk is likely to be either 'high' or 'nil'. There is a malaria risk in the lowlands (ie all areas below 2500 m) of PNG, as well as the Solomon Islands and Vanuatu. Other Pacific Islands such as Fiji, New Caledonia, Cook Islands and Samoa are malaria free. The three principles are: 1. Avoid mosquito bites. 2. If appropriate, take malaria tablets. 3. Early diagnosis and treatment of any subsequent fevers. For those at high risk, the choice of malaria prevention tablets is likely to be between doxycycline, Malarone and mefloquine. Certain tablets (mefloquine particularly) should be trialled prior to departure, and your exam fortnight prior to departure may not be the ideal time to be experiencing vivid dreams. Again, discussing this with a knowledgeable travel doctor two months before departure will leave you with more options. You should let the prescribing doctor know if you intend to go scuba diving since mefloquine should be avoided if you intend to dive. In some situations it may be appropriate to carry 'stand-by' treatment for malaria. The drug of choice is currently *Riamet* (artemether plus lumefantrine)
- ◆ *HIV/AIDS* This is a rapidly growing medical problem in this region. For some elective attachments it may be appropriate for students to carry emergency post-exposure treatment. This is generally arranged through the Faculty or Infectious Disease Unit. Universal precautions are mandatory, and you should not agree to place yourself in a situation counter to your best instincts. You may wish to bring your own gloves and protective eyewear.
- ◆ *Tuberculosis* There is little or no role for BCG vaccination in adults. For those with possible TB exposure it is advised that Quantiferon Gold blood testing be conducted about three months following return, to exclude latent TB.

### Medical Kit

All students should take a medical kit for self-treatment of such conditions as traveller's diarrhoea, respiratory infections, cuts and abrasions etc. For some elective attachments it may be appropriate to include Tamiflu for standby treatment or prophylaxis in the event of influenza outbreak.

## INFECTION CONTROL FOR ELECTIVE STUDENTS

Students travelling overseas on electives must answer the questions listed below via email to:

Dr Ben Clark MRCP DTM&H  
Clinical Academic  
Dept of Microbiology and Immunology  
Faculty of Life and Physical sciences  
The University of Western Australia  
+61 8 9346 4658  
clarkbm@cyllene.uwa.edu.au

### HIV ASSESSMENT

IF:

- ◆ You anticipate engaging in work which could potentially expose you to the risk of HIV infection.
- ◆ You will be working in an area where appropriate antiretroviral prophylactic drugs are not likely to be readily available to you.

List where you are working, the dates you will be there and the nature of your work only if you think you will require prophylactic HIV medicines give details of:

Last Name  
First Name  
DOB  
Address  
Contact Numbers  
Email  
Departure Date

Students will need to pay the first \$150 of the total cost for the 10 day course of Truvada to be used as prophylaxis against infection in the event of occupational exposure to HIV whilst on elective. The Faculty will meet the balance of the provision of this pharmaceutical medicine.

Please provide the required information to Dr Clark via email as soon as possible so that your need for pharmaceutical assistance can be assessed.

---

**it Medical**  
**Industrial & Travel**

45 Stirling Hwy Nedlands (cnr Williams Road)  
Email [pburke@itmedical.com.au](mailto:pburke@itmedical.com.au)  
Tel 93864511 Fax 93864611

Dear Level 5 Medical Student

Travelling to the developing world carries certain medical risks. Generally these risks will be higher for you on a medical elective attachment, compared with a tourist or backpacker to the same country. It is important that you anticipate these risks and obtain good advice well in advance of departure.

I have written general advisories for medical students by geographical region, and these are available from Leanne Lind in the Faculty office. Those students undertaking higher risk elective attachments are advised to visit a specialised Travel Clinic three months prior to leaving. The service at a Travel Clinic will include:

- Appropriate vaccinations
- Malaria prophylaxis, and standby treatment where appropriate
- Self-treatment medical kits for diarrhoeal illness etc
- Tuberculosis screening
- Treatment of post-elective medical problems

Medical elective students attending IT Medical in Nedlands receive a 20% discount on vaccinations. Note some vaccines such as rabies and Japanese Encephalitis take a month to complete so don't leave this too late.

It is essential for your own protection that you practice universal precautions in relation to body fluids, and this may mean bringing your own personal protective equipment. Some students may have specific concerns regarding the risk of HIV exposure. Travel clinics cannot arrange post-exposure prophylaxis. This concern should be discussed with Dr Liam O'Connor.

Finally, a reminder regarding the Alan Charters Elective Prize which is awarded in 6<sup>th</sup> year on the basis of best presentation on your elective experience. The names of previous winners are on the honour board outside FJ Clarke Lecture Theatre. Those thinking of entering should focus some of their photographic efforts while away with this presentation in mind.

Yours sincerely

**Dr Peter Burke**  
**Travel Health Physician**  
**3<sup>rd</sup> January 2008**

---

## ALAN CHARTERS ELECTIVE PRIZE

All final year medical students who have completed an elective attachment are invited to enter.

### APPLICATIONS CLOSE—20 April, 2009

The Alan Charters Award was established in 1998 and named in honour of Dr Alan Charters (1903-1996) who practiced and taught medicine in East Africa and Western Australia, with a lifelong special interest in tropical medicine and parasitology. He is fondly remembered by generations of Western Australian medical students whom he taught through his long career, continuing to do so even into his nineties.

All final year medical students who have completed an elective attachment are invited to enter for the Alan Charters Elective Prize of \$1000, which will be awarded on the morning.

There is no restriction on the location of the attachments in determining eligibility. Students who have spent time within Australia or in a developed country are equally encouraged to enter.

Three finalists will be selected on the basis of a one-page précis accompanying the entry form. The précis should give an outline of your proposed presentation, and should have as a heading the proposed title of the talk as you wish it to appear in the programme and, if successful, on the shield. The three finalists will be invited to present for fifteen minutes. These presentations will be given at a Seminar Breakfast to be held in the PathWest Conference Room, Ground Floor, J Block, QEII Medical Centre on date to be confirmed.

The winner of the Alan Charters Prize will be announced at the end of the event, and will be that student deemed by the judges to have given the best presentation. This year the winner will receive a cheque for \$1000 and the runners-up each a cheque for \$250. The judges will be looking for a presenter who demonstrates an understanding of the social and public health issues beyond the strictly 'medical'; who presents in a thought-provoking, insightful, illuminating, enthusiastic and interesting way; and who illustrates the talk with good quality and relevant slides, overheads, props or other visuals.

### PAST WINNERS

- 1998 - David Henley -“Health Care in Zululand”
  - 1999 - Kerry Hoggett -“The Okhaldhunga experience” (Nepal)
  - 2000 - Joel Tate -“Dying Young: Time in a Ugandan Hospital”
  - 2000 - Jacqueline Hewitt -“Suffer the little children” (Niger)
  - 2001 - Nicholas Coatsworth -“Mungo Ibariki Tanzania” (God Bless Tanzania)
  - 2002 - Chandra Bala -“Death Visits a Nation -The South African Tragedy”
  - 2003 - Hessam Razavi -“Markaz Tebeh Kukakan” (Tehran)
  - 2003 - Daniel Harris -“A While with them Walpiri” (Yuendumu, NT)
  - 2003 - Benjamin King -“Jambo Doctori” (Chole Island and Arusha)
  - 2004 - Peter D’Alessandro -“Bonjour Nassara: Un Voyage Dans Le Cameroun”
  - 2005 - Julia Marcello & Claire Harma - “La Medicine Tropical en Mexico”
  - 2006 - Julia Matassa - “Cons Mis Propios Ojos” Havana, Cuba.
  - 2007 - Cherie Graziotti—”Caste aside... Challenges in establishing accessible health services for children in rural India”
-



**Faculty of Medicine, Dentistry & Health  
Sciences (M501)**

The University of Western Australia  
35 Stirling Hwy  
Crawley WA 6009

T +61 8 9346 2650  
F +61 8 9346 2369  
E [Leanne.Lind@uwa.edu.au](mailto:Leanne.Lind@uwa.edu.au)  
[www.meddent.uwa.edu.au](http://www.meddent.uwa.edu.au)

CRICOS Provider Code: 00126G

Courier: 'N' Block, QEII Medical Centre,  
Sir Charles Gardner Hospital Site, Nedlands 6009

## APPLICATION FOR THE ALAN CHARTERS ELECTIVE PRIZE

- All entries must be typewritten or written in BLOCK LETTERS using a black pen or ink.
- Applications to be lodged at the Faculty Office, 'N' Block, QEII Medical Centre, Nedlands.
- CLOSING DATE: 20 April, 2010

### APPLICANT'S DETAILS

1. Family Name:
2. Given Names:
3. Title: Mr  Miss  Ms  Mrs
4. Student Number:
5. Contact Address:
6. Contact Telephone Number:

### ELECTIVE PRESENTATION

7. Brief description of elective attachment:
8. Please attach a one page *précis* of your proposed presentation.

### DECLARATION

- I declare that the information supplied by me on this form and any attachments is complete, true and correct in every particular.

Signature of Applicant:

Date: