# Please fill out this form and return it with the required documents to info@mymedicalelective.org

# Booking Form

Tanzania elective programme.



## **My Teaching Elective**

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Full name:	What are the number of weeks you would like to stay for your elective? Weeks are from Saturday- Saturday.  One week £325 Two weeks £500 Three weeks £675 Four weeks £825 Five weeks £1025 Six weeks £1200 Seven weeks £1375 Eight weeks £1550
Date of Birth:	
Gender:	
Contact number: Email:	
Country of residence:	
Are you;	
Student	Eight plus
Teacher	What dates are you looking at for your elective?
Volunteer	
What year of study are you in (if applicable)?	
What are you interested in teaching?	How many instalments would you like to pay in? Last instalment should be paid one month prior to the commencement of your elective. Please indicate number of payments, amount and date of each payment and we will invoice accordingly.

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I hereby declare that the information provided in this application is true and correct to Do you have any pre existing medical conditions? the best of my knowledge. I understand that any false information may result in the rejection of my application or termination of my elective placement. Do you take any medication regularly? Do you have any known allergies? Do you have any specific dietary requirements? Name: Are you up to date with immunisations? Please check CDC guidelines on immunisations for Tanzania and consult healthcare practitioner regarding prophylaxis for malaria. Signature: **Required documents** Curriculum Vitae Letter of motivation Date: Student status/ Graduate status (not needed if non medical and just volunteering) Emergency contact details; Name, Relationship, Number, Email Travel insurance

Criminal background check (from the country you reside in)

Flight reservation number

info@mymedicalelective.org