

# Clinical Elective Placement Acknowledgment and Declaration – Home University

## Form 2a

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| Student's name:<br>("the Student")       |  |
| Student number:                          |  |
| University's name:<br>("the University") |  |
| University's address:                    |  |
| Clinical elective location:              |  |
| Clinical elective dates:                 |  |

### Acknowledgement and Declaration by the Dean of Medicine (or his/her designate) of the Student's University

1. On behalf of the University, I acknowledge that:
  - (a) James Cook University will be facilitating the placement of the Student at a Queensland Health facility in Northern Queensland ("the clinical elective placement");
  - (b) the Student will not, at any time, become a student of James Cook University; and
  - (c) James Cook University will have no responsibility for the Student or the actions of the Student whilst the Student is in Australia, including whilst the Student is undertaking the placement, ~~and~~ 12..2 (a.2 (,)-1