

Clinical Elective Placement Acknowledgment and Declaration – Home University

Form 2a

Student's name: ("the Student")	
Student number:	
University's name: ("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