

Medical Elective Verification Checklist

Please complete the below to support your student in applying for a Medical Elective placement at St. George's, University of London.

Student details

Name of applicant	
Name of current university	
Name of current programme	
Current year of study	
Start date	End date

Declaration

I confirm that the above student has:

Passed all assessments to date

Passed the necessary criminal records clearance (DBS/in-country check) for their current programme

Passed the necessary occupational health clearance for their current programme

I confirm that I have seen the student's original passport (or UK Driving Licence) and the copy presented by the student is a true copy of the original seen by me.

Certifier details*:

Name

Position/Job role

Email

I recommend this student for the elective placement and the university supports this application.

Signed

Date

***Who can certify a document**

- teacher or lecturer
- bank or building society official
- councillor
- minister of religion
- dentist
- chartered accountant
- solicitor or notary

