

THE CHINESE UNIVERSITY OF HONG KONG
FACULTY OF MEDICINE
SHATIN, HONG KONG

TEL: (852) 3943 6806

FAX: (852) 2603 7997

Information Sheet on Visiting Student Electives

1. Visiting Student Electives are not to replace part of the student's normal courses of study at the home institution.
2. Application deadline: Students have to apply for an elective **at least 6 months** before the proposed elective period.
3. Quota: Due to limited capacity, students are strongly advised to send in their application as early as possible. When the quotas are full, their applications will not be processed or they will be placed in the following year upon request.
4. Duration: Normally between four to eight weeks in any subject or area.
5. Accommodation: Students are expected to find their own accommodation. Students should note that accommodation in Hong Kong can be expensive and students are strongly advised to have their accommodation arranged before their arrival in Hong Kong. The application for elective attachment may not be accepted if students have not made prior arrangements for accommodation before their arrival in Hong Kong.
6. Insurance: Students are expected to be responsible for their insurance coverage in Hong Kong, e.g. medical malpractice insurance, medical insurance, personal life insurance, personal accident insurance and travel insurance, etc. Upon being granted an offer to undertake electives at the University, applicants are required to submit details of all the relevant insurance schemes or indemnity cover that are arranged for the period of attachment in Hong Kong. **The elective offer will be automatically withdrawn if an applicant fails to submit the necessary insurance documents before the commencement of the electives.**
7. Expense: Students are expected to be responsible for their own expenses on accommodation, subsistence and travel. It is regretted that no financial assistance is presently available for outside elective students.
8. The enclosed application form should be duly completed and returned **in hardcopies** to the Faculty and Planning Office, Room G07, G/F, Choh-Ming Li Basic Medical Sciences Building, The Chinese University of Hong Kong, Shatin, New Territories, Hong Kong, together with all of the followings:
 - i) one passport-size photograph;
 - ii) HKID card copy/ passport copy /entry permit;
 - iii) a curriculum vitae;
 - iv) an original true copy of an official transcript of academic record (the official transcript might be sent directly to the abovementioned address by the applicant's medical school office);
 - v) an original true copy of a letter of recommendation from the Dean of the applicant's medical school; and
 - vi) information of insurance coverage (to be submitted upon acceptance of your application).

Applications will not be processed until the abovementioned items have ALL been received.

9. List of Departments/Schools for attachment:

Departments:

| | |
|---|--|
| Accident & Emergency Medicine Academic Unit | Otorhinolaryngology, Head & Neck Surgery |
| Anaesthesia & Intensive Care | Paediatrics |
| Anatomical & Cellular Pathology | Psychiatry# |
| Chemical Pathology | Surgery (General) |
| Clinical Oncology | Cardiothoracic Surgery |
| Imaging & Interventional Radiology | Colorectal Surgery |
| Medicine & Therapeutics | Hepato-biliary and Pancreatic Surgery |
| Microbiology | Neurosurgery |
| Obstetrics & Gynaecology | Paediatric Surgery & Paediatric Urology |
| Ophthalmology & Visual Sciences | Vascular Surgery |
| Orthopaedics & Traumatology | Upper Gastrointestinal and Metabolic Surgery |
| Plastic, Reconstructive and Aesthetic Surgery | Urology |
| Burns Surgery | |

Schools:

The Jockey Club School of Public Health & Primary Care School of Biomedical Sciences

10. For those students who may need to do clinical practice in the wards, they will be required to attend a Basic Infection Control Course at our Medical School beforehand.
11. As elective places are limited, priority will only be given to students who have not been admitted before.
12. Successful applicants might be required to apply for student visa from the Immigration Department of Hong Kong Government. For information, please visit: <http://www.immd.gov.hk/eng/forms/hk-visas/study.html> .

Students are required to take note of the followings if they require our University to be the sponsor of the visa application:

- i) Students should duly complete page 1-4 of Form ID995A and sign their names on every single page;
 - ii) Students should provide following documents:
 - (a) Photocopy of travel document containing personal particulars, date of issue, date of expiry and/or details of any re-entry visa held (if applicable);
 - (b) A letter of acceptance from our University; and
 - (c) Photocopy of proof of financial support **in English**, e.g. bank statement, savings account passbooks, tax receipts and salary slips.
 - iii) The completed Form ID995A with ALL required documents must reach our office at least 8 weeks prior to the approved elective period; and
 - iv) Students should depart from Hong Kong within 7 days upon the completion of the approved attachment.
13. For enquires, please contact: Academic and Student Affairs
Faculty and Planning Office
Faculty of Medicine
Room G07, G/F, Choh-Ming Li Basic Medical Sciences Building,
The Chinese University of Hong Kong,
Shatin, Hong Kong
- Tel. : (852) 3943 6806
E-mail : electives@med.cuhk.edu.hk

The following policy is only applicable to students who want to have an elective attachment at
The Jockey Club School of Public Health and Primary Care

The Jockey Club School of Public Health and Primary Care (previously named as School of Public Health/ Department of Community and Family Medicine) of The Chinese University of Hong Kong regularly receives many requests for elective opportunities from students wishing to do electives in Hong Kong. This is particularly common for Hong Kong students undertaking medical studies abroad, and also for students of Chinese origin who are citizens of other countries but wish to come to Hong Kong to see Chinese medical care in action.

The School often takes such students, and facilitates their placement with practitioners, or arranges projects for them to do. We enjoy the opportunity to meet keen students from around the world, and it is good for our students to meet and discuss experiences with them.

Unfortunately some students abuse these privileges that are extended to them. We have had projects being undertaken, but no report being completed or sent back to us. Some students who have been given a great deal of assistance to undertake clinical placement of the type they requested, have then simply not turned up to many of them. Properly organizing and supervising elective attachments takes time and effort by our staff. We can no longer undertake this without being very selective.

Clinical activity in Hong Kong is extremely difficult for those who do not have fluent Cantonese, preferably written as well as oral, and with at least some acquaintance with Chinese medical terminology. Few local doctors practice largely in English, and those who do, have a largely expatriate patient population. This group will provide few opportunities beyond what elective students would get in their own country.

Our policies therefore will be:

- i. We can only provide clinical attachments for students who can speak Cantonese, preferably fluent and including medical terminology, and preferably have Chinese writing skills. Applicant should indicate their ability when first making application.
- ii. We can take no more than 2 elective students per 9 week module (4 rotations per year).
Early July – Early September
Early September – Early November
Early November – Mid January
Mid January – Mid March
- iii. Clinical attachment will normally require that the students be senior enough to have substantial clinical experience in major specialties, including dermatology, ENT, and ophthalmology, sufficient to be able to examine and interpret most common problems seen in primary care.
- iv. We will take students to undertake fieldwork projects, provided that they are here for sufficient time to allow a meaningful project to be undertaken, and that a satisfactory outcome of the project is required for grading in their medical course.
- v. We prefer to take any elective students whose medical school requires an evaluation of the elective, with satisfactory performance necessary as part of a course. This requires documentation by formal communication with the appropriate authorities in that medical school.
- vi. Arranging electives will require adequate notice – of the order of four months at least.

Application for Visiting Student Electives

1. Please read carefully the information sheet before completing this form.
2. This application form should be typed or written in BLOCK letters.
3. The completed application form, together with a passport-size photograph, an official transcript of academic record, an original true copy of a letter of recommendation from the Dean of the medical school and information on insurance coverage, should be returned **in hardcopies** to the **Faculty and Planning Office at Room G07, G/F, Choh-Ming Li Basic Medical Sciences Building, The Chinese University of Hong Kong, Shatin, New Territories, Hong Kong.** These documents are not returnable.
4. All information obtained will be used solely for elective placement and academic purposes by the Faculty of Medicine, The Chinese University of Hong Kong.

Part A: (to be completed by applicant)

Name: (Last Name) _____ (First Name) _____
(The names given above should be the same as those printed on your identity document/travel document)

Date of Birth:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

 Gender: Male Female Nationality: _____
(d d / m m / y y)

HK Identity Card No.(if any): _____ Passport No.: _____

Correspondence Address: _____

E-mail address: _____

Name of Medical School: _____ Length of Medical Programme: ___ years

Address: _____

Year of Study at Time of Proposed Elective: _____

Duration of Proposed Elective (exact dates): From _____ to _____

Department/School of Proposed Attachment: 1st Choice: Choose an item.
2nd Choice: Choose an item.

Do you wish to do (i) Clinical Work? Yes No
(ii) Research Work? Yes No

Please list the insurance you have taken/might take which covers your attachment period in Hong Kong. 1. _____ 2. _____
3. _____ 4. _____

***NOTE: Please understand that the elective offer will be automatically withdrawn if you fail to submit the necessary insurance documents before the commencement of the electives.**

Have you applied for/ engaged in any elective attachment programme of our University previously? Yes (Dept: _____) No

Have you secured accommodation in Hong Kong? Yes No

If yes, please state the address of your accommodation in Hong Kong: _____

Signature: _____ Date: _____

Part B: (to be completed by Department/School of CUHK)

Please return the completed proforma reply to the Faculty and Planning Office at Room G07, G/F, Choh-Ming Li Basic Medical Sciences Building, The Chinese University of Hong Kong **within 2 weeks upon receipt of the application package.**

Decision of Department/School: The proposed elective attachment of the above applicant is ACCEPTED / REJECTED.
Comment, if any: _____

Name of Contact Staff Member: _____ Email: _____

Name of Responsible Academic Staff Member: _____ Department/ School: _____

Signature: _____ Date: _____