



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

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

I confirm that the above student has:

- ☐ passed all assessments to date
- ☐ has completed the necessary criminal records clearance (DBS/in-country check) for their course
- ☐ has completed the necessary Occupational Health clearance for their course.

☐ I confirm that I have seen the following original documents and the copies presented by the student are a true copy of the original seen by me:

- Photographic identification (passport and relevant visa pages)
- recommendation letter from home university
- home country police check document (if applicable)
- evidence of English language proficiency, e.g. a test certificate (if applicable).

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
- doctor/dentist
- chartered accountant
- solicitor or notary