



Application for the Exchange Programme  
Commonwealth Medical Association

AFFIX  
2 PASSPORT  
PHOTOS  
HERE  
(with a paper clip)

1. Personal Information (in block letters)

First name	
Family name	
Sex (Male/Female)	
Passport/ID Number	
Address	
Mobile Phone Number	
Fax	
E-Mail	
Home Hospital	
Qualifications and Grade	
Next of Kin	
Address (If different from above)	
Fax	
Mobile Phone Number	

For Office Use Only  
Consultant

Department

From [dd.mm.yy]  
□□.□□.□□

To [dd.mm.yy]  
□□.□□.□□

Health Form Approve

Y  N

Consultant

Date

2. Dates

I would like to apply for an Exchange in ..... (Hospital)  
..... (Country)

First preference From □□.□□.□□□□ to □□.□□.□□□□ [dd.mm.yyyy]

Second preference From □□.□□.□□□□ to □□.□□.□□□□ [dd.mm.yyyy]

3. Preferred areas:

The preferred areas for my exchange are, in order of preference:

- 1.
- 2.
- 3.

4. Accommodation (check with host for more information):

Accommodation offered by host  Self Accommodation

Please note that the host institution is NOT liable for claims for loss or damage of personal belongings, health and travel insurance and you are advised to make your own insurance provisions.

5. Undertaking:

Make sure you read all the conditions on this form. Kindly contact the CMA secretariat and the host institution on issues related to the Hospital and/or accommodation should you have any doubt before signing.

Applicant's Signature

Date