



# Department of Disability Studies

FACULTY OF MEDICINE

UNIVERSITY OF KELANIYA, SRI LANKA



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களனி பல்கலைக்கழகம் - இலங்கை

## Common Application for graduate and postgraduate students in allied health sciences and fields of medicine related to Electives in Paediatric Neuro-Development/ Child Disability, Speech and Hearing Sciences and other Allied Health Subspecialties

1. Name of student: .....
2. Email address of student: .....
3. Gender: Male/ Female/ Not Declaring
4. Do you have a disability: Yes / No
  - a. If yes, please specify: .....
5. Nationality: .....
6. National Identity/ Passport number: .....
7. Country of residence: .....
8. Highest level of education and the relevant professional/ academic qualification:
 

.....

.....
9. Specialty/ course presently following: .....
10. Name of school/ University: .....
11. Country awarding the certification of the present study course: .....
12. Present year of study: .....
13. Proposed duration of the elective appointment – one week to six months: .....
14. Expected date of commencement of the programme: .....

15. Expected date of completion of the programme: .....

16. Expected sub-specialties you wish to undertake and the proposed duration of each subject (identify one or more):

Subspecialty	Duration in weeks	Subspecialty	Duration in weeks
Developmental medicine and childhood disabilities		Education	
Speech and language therapy		Psychology	
Audiology		Social work	
Physiotherapy		Orthotics and prosthetics	
Occupational therapy			

17. Types of clinical conditions you are specifically interested in :

Clinical condition/ area	Yes/ No	Clinical condition	Yes/No
Early intervention		Autism Spectrum Disorder	
Developmental assessments		Learning disabilities	
Cerebral Palsy		Feeding and swallowing difficulties	
Genetic disorders		Hearing impairment	
Youth with disabilities		Visual impairment including CVI	
Teaching children with disabilities in preschool		Psychology	
Teaching children with disabilities in schools		Other: please specify	

**\*If you need to follow more than one specific clinical area, please mention it, or you may choose one condition/ area throughout your programme.**

18. Your objective/ goal from this elective appointment (Elective report, research project, internship etc.) : .....

**Declaration:**

To the best of my ability, I state that,

I confirm all information contained in the above form is accurate to the best of my ability: Yes/ No

I have not been convicted of any criminal charges in a court of law. Yes/ No

I am aware of the rules and regulations I need to abide by during my elective programme at the Faculty of Medicine, University of Kelaniya, Ragama, Sri Lanka. Yes/ No

I have enclosed the recommendation letter from my University/ employer/ institution Yes/ No

**Signature:** .....

**Date:** .....

**For Office Use Only**

**Serial number:** .....

**Date received:** .....

**Checked by :** .....

**Name**.....

**Date**.....

**Notes:**

.....  
.....

**Signature:** .....

**Approved/ not**

**Date of commencement:** .....

**Specialties:**.....

**Total payments:** .....

**Date Received:** .....