

Department of Health  
Rural Allied Health –  
Postgraduate Scholarship Program 2012

health

Administered by the Victorian Healthcare Association

**Application Form 2012**

Name: \_\_\_\_\_

Health Profession: \_\_\_\_\_

University Course: \_\_\_\_\_

*Please attach  
a recent  
passport size  
photo to  
assist in  
interviews*

**Important Information:**

- Information that you provide on this Application Form and in the additional requested documents is the only information that will be considered in the selection and ranking process
- It is very important that you make sure you have given all the relevant information for each section on this form
- Should you be short-listed you may be required to attend an interview
- The number of scholarships awarded is subject to available funds
- For the purposes of taxation, money from the scholarship scheme is considered as income

**Explanatory Notes:**

- Do not send originals of any supporting documentation requested, as these documents will not be returned to you
- Your Application Form should be accompanied by the additional documents referred to in Section D and in the correct order (see Additional Information Required on page 3)
- Do not bind your application or put it in plastic sleeves: a staple in the top left hand corner is sufficient
- Read this Application Form and the separate Guidelines before filling in the Application Form
- Use blue or black ink
- Answer all questions on this Application Form
- If there is insufficient space to record your response to any question, please attach additional pages as required. Be sure to note your name and the question number(s) on the page
- Where a question can be answered by marking a box, place an **X** in the box

**APPLICATIONS MUST BE RECEIVED BY 10 FEBRUARY 2012**



## Rural Allied Health Postgraduate Scholarship Program 2012

Section A - APPLICANT DETAILS	
<p><b>Your name:</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/></p> <p>Surname: .....</p> <p>First Name: .....</p> <p>Date of Birth: ...../...../.....</p>	<p><b>Citizenship:</b></p> <p>Are you an Australian citizen or permanent resident of Australia?</p> <p>No <input type="checkbox"/> You are not eligible to apply</p> <p>Yes <input type="checkbox"/> A certified copy of your birth certificate, naturalisation or other official documents such as passport may be requested should you be selected to receive a scholarship</p>
<p><b>Home Address:</b></p> <p>Street: .....</p> <p>Town/Suburb: .....</p> <p>State/Territory: ..... Postcode: .....</p> <p>Telephone Number: .....</p> <p>Mobile Phone Number: .....</p>	<p><b>Aboriginal/Torres Strait Islander:</b></p> <p>Do you identify yourself as:</p> <p>Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/></p>
<p><b>Work Address:</b></p> <p>Street: .....</p> <p>Town/Suburb: .....</p> <p>State/Territory: .....Postcode: .....</p> <p>Telephone Number: .....</p> <p>Email address: .....</p> <p>My preferred mailing address is:</p> <p>Home Address <input type="checkbox"/> Work Address <input type="checkbox"/></p>	<p><b>Employment</b></p> <p>Current Employer: .....</p> <p>.....</p> <p>Position Held: .....</p> <p>.....</p> <p>Period of Employment:</p> <p>From..... (Month and year)</p>
<p><b>Other Information:</b></p> <p>Have you previously or are you currently receiving funding from another scholarship or grant program?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes:</p> <p>Name of Scholarship/Grant: .....</p> <p>Duration of Funding: From..... To.....</p> <p>Amount: \$.....</p>	<p><b>Work Address:</b></p> <p>Street: .....</p> <p>Town/Suburb: .....</p> <p>State/Territory: .....Postcode: .....</p> <p>Telephone Number: .....</p> <p>Email address: .....</p> <p>My preferred mailing address is:</p> <p>Home Address <input type="checkbox"/> Work Address <input type="checkbox"/></p>

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**Section B – EDUCATION DETAILS**

<b>Proposed Tertiary Education</b>	<b>Relevant Qualifications Completed</b>
Course to be studied: .....	.....
.....	.....
University: .....	.....
Length of Course: .....	.....
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	

**Section C – REFEREES**

**Please ensure your referees can be contacted**

Name: .....	Name: .....
Address: .....	Address: .....
.....	.....
Phone: .....	Phone: .....
Email address: .....	Email address: .....

**Section D – ADDITIONAL INFORMATION REQUIRED**

The following additional information is required as part of your application. Please attach these documents to your Application Form in the following order:

1. A 500 word summary demonstrating:
  - The relevance of your postgraduate study to service demands within your health service and in rural Victoria generally
  - Your understanding and experience of rural communities and practice
  - Your interest in, and commitment to future rural practice in Victoria
  - How this scholarship will assist you in beginning your postgraduate studies
2. Curriculum Vitae
3. Full information on the course being undertaken
4. Evidence of your current employment
5. A letter of support from your Supervisor, Manager or CEO



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Section E – DECLARATION	
<p>I have read and understood the Rural Allied Health Postgraduate Scholarship Program Guidelines.</p> <p>I declare that the information supplied by me in this application is true and correct in every particular.</p> <p>I authorise the Victorian Healthcare Association to seek details from the tertiary institution at which I am enrolled, including details of enrolment variations, academic record, examination results, attendance and any other matter pertaining to my eligibility to apply for a Rural Allied Health Postgraduate Scholarship Program.</p>	<p>...../...../..... Signature of Applicant                      Date</p> <p>...../...../..... Signature of Witness                      Date</p> <p>Name of Witness: .....</p> <p>Address of Witness: .....</p> <p>.....</p>

<p>Please forward the completed application to:</p> <p>Victorian Healthcare Association Level 6, 136 Exhibition Street MELBOURNE VIC 3000</p> <p style="text-align: center;"><b>APPLICATION MUST BE RECEIVED BY 10 February 2012.</b></p>	<p><b>APPLICATION CHECKLIST</b></p> <p>Passport size photo attached                      <input type="checkbox"/></p> <p>Section A, B, C, E completed                      <input type="checkbox"/></p> <p>Summary of benefit to clinical practice                      <input type="checkbox"/></p> <p>Curriculum Vitae                      <input type="checkbox"/></p> <p>Full information about the course                      <input type="checkbox"/></p> <p>Evidence of your enrolment                      <input type="checkbox"/></p> <p>Letter from Employer (if applicable)                      <input type="checkbox"/></p>
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