

Application Form 2009/2010

Please read the relevant application guidelines before completing this form

RURAL ALLIED HEALTH – Undergraduate Scholarship Program 2010

Project funded by Department of Health

NAME: _____

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. If the Application Form is not complete you will not be contacted to provide further information
- Should you be short-listed you may be required to attend an interview
- The number of scholarships awarded is subject to available funds
- VHA is not responsible for arranging public sector work placements
- 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 each question 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 12 March 2010



Section A - APPLICANT DETAILS	
<p>Your name: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/></p> <p>Surname:</p> <p>First Given Name:</p> <p>Second Given Name:</p> <p>Date of Birth:/...../.....</p>	<p>Citizenship: 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 will be asked for should you be selected to receive a scholarship</p>
<p>Home Address:</p> <p>Street:</p> <p>Town/Suburb:</p> <p>State/Territory: Postcode:</p> <p>Telephone Number:</p> <p>Mobile Phone Number:</p> <p>Did you reside at this address during 2009? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, in what town/suburb did you reside? </p>	<p>Aboriginal/Torres Strait Islander: Do you identify yourself as:</p> <p>Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/></p> <hr/> <p>Other Information: Have you previously received funding from another scholarship or grant program? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes: Name of previous Scholarship/Grant </p> <p>Duration of Funding: From..... To</p> <p>Amount: \$.....</p>
<p>Semester Address (if known):</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: Home Address <input type="checkbox"/> Semester Address <input type="checkbox"/></p>	<p>Financial Status Are you eligible for Youth Allowance/Austudy? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, is your family eligible for Family Tax Benefit Part A? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p>Preferred Work Location List 3 locations where you might like to work:</p> <p>1.</p> <p>2.</p> <p>3.</p>



Section B – EDUCATION DETAILS

<p>Secondary Education</p> <p>Secondary School:</p> <p>.....</p> <p>Year completed Year 12:</p> <p>TER:</p> <p>Please list any awards you have received:</p> <p>1.</p> <p>2.</p> <p>3.</p>	<p>Proposed 2009 tertiary Education</p> <p>University proposed to enrol in:</p> <p>.....</p> <p>Course:</p> <p>Have you received an offer from this university as yet:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you enrolled in your course as yet:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Length of Course:</p> <p>Full Time <input type="checkbox"/> Part Time <input type="checkbox"/></p> <p>Do you intent to become a member of the rural students club at your University?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Section C – REFEREES

Please ensure your referees can be contacted

<p>Name:</p> <p>Address:</p> <p>.....</p> <p>Phone:</p> <p>Email address:</p>	<p>Name:</p> <p>Address:</p> <p>.....</p> <p>Phone:</p> <p>Email address:</p>
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Section D – ADDITIONAL INFORMATION REQUIRED

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

1. An essay of 500 words explaining:
 - Your understanding of rural communities, what the difficulties accessing health services may be these communities and what rural practice may entail
 - Why you would like to practice in rural Victoria
 - Why you are interested in your chosen area of study
 - How this scholarship will assist you in beginning your tertiary studies
2. Curriculum Vitae
3. VCE examination results (If these are not available at time of application please forward to VHA as soon as available)
4. Full information regarding the course to be undertaken
5. Proof of enrolment



Section E – DECLARATION	
<p>I have read and understood the Rural Allied Health Undergraduate Scholarship 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 the Rural Allied Health Undergraduate Scholarship.</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>The Scholarships Project Officer Victorian Healthcare Association Level 6, 136 Exhibition Street, MELBOURNE VIC 3000</p> <p style="text-align: center;">APPLICATIONS FOR 2010 MUST BE RECEIVED BY 12 March 2010</p>	<p>APPLICATION CHECKLIST</p> <p>Passport size photo attached <input type="checkbox"/></p> <p>Section A completed <input type="checkbox"/></p> <p>Section B completed <input type="checkbox"/></p> <p>Section C completed <input type="checkbox"/></p> <p>Section E completed <input type="checkbox"/></p> <p>500 word essay <input type="checkbox"/></p> <p>Curriculum Vitae <input type="checkbox"/></p> <p>VCE results <input type="checkbox"/></p> <p>Full information about the course <input type="checkbox"/></p> <p>Proof of enrolment <input type="checkbox"/></p>