



School of Medicine, Fremantle

**Application for entry into the Indigenous Pathway to Medicine, Fremantle,  
for Aboriginal and Torres Strait Islander applicants.**

## 1. Course Preferences

Note that by completing this form you are applying for consideration for the Doctor of Medicine (MD) at the School of Medicine, FREMANTLE.

There is a separate form for consideration for the Doctor of Medicine at the School of Medicine, Sydney.

If you are applying for both Program options, please indicate your preference below by typing '1' next to your first preference and '2' next to your second preference:

MD School of Medicine, Fremantle

MD School of Medicine, Sydney

## 2. Personal Information

2.1 Title Surname/Family name First name & any Second/Middle names

Date of birth

Gender Male Female Other/prefer not to say

### 2.2 Contact details

Number and street Town/Suburb  
State Country Postcode  
Telephone Mobile  
Email

### 2.3 Home address (if different from above)

Number and street Town/Suburb  
State Country Postcode

## 3. Education Background

3.1 Please tick any of the boxes below indicating what you have done either at school and/or further studies. Give details where relevant.

Secondary Studies Year 10 or less Year 11 Year 12

[Please attach original or copies of your results.](#)

3.2 Did you do any WACE/TEE Subjects or equivalent? Yes No

If yes, please list subjects and levels studied e.g. 3A/B, 2C/D

If you completed WACE/TEE please list your Tertiary Entrance Score ATAR/TER (or equivalent)

Year obtained

### 3.3 Type of study

Course name	Institution studied at	Complete/Incomplete		Year
		Complete	Incomplete	
		Complete	Incomplete	
		Complete	Incomplete	
		Complete	Incomplete	
		Complete	Incomplete	

## 4. Employment History (attach CV/Resume if possible)

Please include any experience you consider relevant to the course of study.

Note: if you are applying solely on the basis of your work experience you must attach a resume of your employment background.

Date of Employment	Name of Employer	Type of work/level

## 5. Academic or Employment Referee

Please list the name, address and contact telephone number for one referee.

Full name \_\_\_\_\_ Role \_\_\_\_\_  
 Company/Organisation \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

## 6. Referee who is an Aboriginal or Torres Strait Islander person

This reference cannot be from a family member.

Please list the contact details for an Aboriginal or Torres Strait Islander person who can verify your Aboriginality.

Full name \_\_\_\_\_ Role \_\_\_\_\_  
 Company/Organisation \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 How this person or organisation knows the applicant \_\_\_\_\_

## 7. Prior Medical Studies

7.1 Have you ever been enrolled in a medical course in Australia? Yes No

If yes, at which university and what year/s?

7.2 Have you ever been excluded from a medical course in Australia? Yes No

If yes, from which university and when?

## 8. Certificate/Confirmation of Aboriginality as an Aboriginal or Torres Strait Islander person

Please attach to this application a copy of your certificate/confirmation of Aboriginality.

## 9. Rurality

- 9.1 Have you resided for 5 years consecutively or 10 years cumulatively, or more, in rural or regional Australia since birth?
- Yes      No

## 10. Declaration

An Australian Aboriginal or Torres Strait Islander person is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander person and is accepted as such by the community in which they live or have lived.

10.1 Your Aboriginal Family Name or Group/Community

Family or Group/Community name/details

Clan/Nation or Language Group details

10.2 I declare that I am:

An Aboriginal person

A Torres Strait Islander person

An Aboriginal and Torres Strait Islander person

10.3 Full name (print)

Signature

Date

## 11. Supporting Statement/Essay (these can be attached on a separate sheet)

Applicants for medicine, please explain in at least 200 words.

Why you are interested in health and medicine and how would it support you and your community?

## 12. Do you need more information?

Please tick the box that you would like more information on

ABSTUDY

Accommodation

Scholarships

Courses

Child Care

Other

### Checklist

Please email your completed application form, together with the following documents, to [fremantle.medicine@nd.edu.au](mailto:fremantle.medicine@nd.edu.au)

CV or resume

Confirmation of Aboriginality

Reports or academic transcripts from school, TAFE, university or other studies

References (if any)

Completed supporting statement/essay

Answered all the questions

### Further Information

For further information, please contact:

**Denise Groves**

Telephone: 08 9433 0721

Email: [denise.groves@nd.edu.au](mailto:denise.groves@nd.edu.au)

### OFFICE USE

DATE RECEIVED:

ORIGINAL COPIES CITED:

YES

NO

STAFF MEMBER:

SIGNATURE: