



### 1. PERSONAL INFORMATION

1.1 Title Surname/Family name First name Second/Middle name

Former family name (if applicable)

Date of birth

Gender Male Female

Language group

### 1.2 Notification address

Number and street

Town/Suburb

Country

Postcode

Telephone (home)

Telephone (work)

Fax

Mobile

Email

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

Number and street

Town/Suburb

Country

Postcode

### 2. COURSE PREFERENCES

Aboriginal people and Torres Strait Islanders may apply for entry to degree courses at the University through one of the following courses (you can indicate more than one preference):

MD School of Medicine, Fremantle

MD School of Medicine, Sydney

### 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. Please attach original or copies of your results.

Secondary Studies

Year 10 or less

Year 11

Year 12

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.

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

Year obtained

3.3 Type of Study

Prior University Studies	Details of course (institution etc.)	Year
University Studies		
VET/TAFE		
Bridging/orientation		
Other (e.g. business college)		
Aboriginal Health Worker college		

#### 4. EMPLOYMENT HISTORY (attach CV/Resumè 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 resumè 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

Address

Telephone

#### 6. ABORIGINAL OR TORRES STRAIT ISLANDER REFEREE

This reference cannot be from a family member.

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

Full name

Address

Telephone

#### 7. YOUR ABORIGINAL FAMILY NAME OR GROUP/COMMUNITY

Family or Group/Community name

#### 8. PRIOR MEDICAL STUDIES

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

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

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

If yes, from which university and when?

#### 9. DECLARATION

An Australian Aboriginal or Torres Strait Islander 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 he or she lives or has lived.

I declare that I am Aboriginal person

Torres Strait Islander person

Aboriginal and Torres Strait Islander person

Full Name (print)

Signature

Date



## 12. DO YOU NEED MORE INFORMATION?

Please tick the box that you would like more information on

ABSTUDY

Accommodation

Scholarships

Courses

Child Care

Other

### STUDENT CHECKLIST

CV or resumé.

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

**Please return this completed application together with CV, other documents and references to:**

Mailing address including attention to:

The University of Notre Dame Australia

ATTN: Prof David Paul, Associate Dean Aboriginal Health

School of Medicine, Fremantle

PO Box 1225

Fremantle WA 6959

For additional information contact:

Denise Groves

Telephone: 08 9433 0721

Email: denise.groves@nd.edu.au

OR

David Paul

Telephone: 08 9433 0525

Email: david.paul@nd.edu.au

### OFFICE USE

DATE RECEIVED:

ORIGINAL COPIES CITED:

YES

NO

STAFF MEMBER:

SIGNATURE: