

# Conditions of

# The Albert Coates Memorial Trust Scholarship

The Albert Coates Memorial Trust (The Trust) provides tertiary level scholarships for students undertaking study in allied health disciplines in regional Australia. The Trust honours the life of Sir Albert Coates through publications, education programmes and associated educational awards. Trust programmes are supported by donations, bequests and fund-raising activities.

The Albert Coates Memorial Trust in conjunction with The University of Notre Dame Australia has established the Albert Coates Memorial Trust Scholarship. The scholarship will be sponsored by the Australian Legion of Ex-Servicemen and Women and will be provided to a Year 4 student who is completing their final year of medicine at the University's Ballarat Clinical School.

The Albert Coates Memorial Trust Scholarship *(Scholarship)* is administered in accordance with the following conditions:

# 1. NAME OF SCHOLARSHIP

The Albert Coates Memorial Trust Scholarship.

# 2. PURPOSE OF SCHOLARSHIP

The purpose of the Scholarship is to promote regional health education and practice as well as the work of the Albert Coates Memorial Trust by providing financial support to the Ballarat Clinical School Year 4 student who can best demonstrate the importance of regional health and their understanding of the values and example of the late Sir Albert Coates.

### 3. VALUE OF SCHOLARSHIP

The value of the Scholarship is \$2,500 per annum, to be used to support travel, accommodation or other expenses associated with undertaking the four week elective term during Year 4

# 4. ELIGIBILITY REQUIREMENTS

To be eligible for the Scholarship an applicant must:

- a) be a citizen or permanent resident of Australia
- b) be enrolled in either the Bachelor of Medicine/Bachelor of Surgery (MBBS) or the Doctor of Medicine (MD) at The University of Notre Dame Australia, Sydney Campus; and
- c) be undertaking all or part of Year 4 at the Ballarat Clinical School.

### 5. BODY RESPONSIBLE FOR SELECTION

The Selection Committee for the Scholarship will comprise:

- a) The Chair of the Albert Coates Memorial Trust (or nominee);
- b) The Head of the Ballarat Clinical School, The University of Notre Dame Australia (or nominee);
- c) The Dean of the School of Medicine, Sydney (or nominee); and
- d) One additional member may be nominated by the Trust and the Dean of the School of Medicine, Sydney.



# 6. DETERMINATION OF RECIPIENT

In making their recommendation as to which applicant will receive the Scholarship, the Selection Committee will consider:

- a) The applicant's personal statement of their proposal for their elective term in Year 4 and how this elective reflects the values of Notre Dame and the example of the late Sir Albert Coates.
- b) Outline of any anticipated difficulties in otherwise achieving their elective. This may include financial difficulties in undertaking the elective.
- c) Evidence of identification of any personal or family involvement with the Australian Armed Services.
- d) Performance at an interview with the Selection Committee.

### 8. SELECTION PROCESS

- a) Applicants must submit:
  - i) a completed and signed copy of the UNDA 'Albert Coates Memorial Trust Application Form' available from the School of Medicine and/or downloadable from the University's website;
  - ii) a 500 word submission about the importance of regional health and their understanding of the values and example of the late Sir Albert Coates; and
  - iii) a copy of their academic transcript.
- b) The Selection Committee will interview the short-listed applicants.

# 9. AWARDING PROCEDURE

The University of Notre Dame Australia will notify all applicants in writing of the outcome of their applications.

The recipient will have 14 calendar days of receipt of notification by mail to accept the Offer of Scholarship. If a Scholarship recipient does not accept the Offer of Scholarship by this date, the University reserves the right to withdraw its offer.

### 10. <u>REPORTING REQUIREMENTS</u>

- a) Scholarship recipients are required to submit a report to the University at the completion of their elective term.
- b) Part of the acceptance of the scholarship will be the agreement by the award winner to write a report for the Sir Albert Coates committee, which discusses the experience of their elective, and how this illustrates the principles by which Sir Albert Coates lived his life.
- c) Failure to adhere to these requirements in a timely matter will result in Scholarship funding being terminated.
- d) The Ballarat Clinical School (UNDA), will notify the Scholarship recipients of any relevant due dates.
- e) Reports should be sent to the Ballarat Clinical School (UNDA), who will forward to the donor.



# 11. CONCURRENT SCHOLARSHIPS

The Scholarship may be held concurrently with other awards. Other externally or University funded scholarships held by an applicant will be relevant to a decision to award a Scholarship to a student but will not operate to preclude an applicant from being awarded this Scholarship.

### 12. GENERAL PRINCIPLES

These Conditions must comply with any University Regulations regarding the awarding of Scholarships and Prizes.

The Vice Chancellor may vary the Conditions of the Scholarship at any time.

### 9. PRIVACY

The University is committed to the principles contained in the Privacy Act 1988 (Commonwealth) and the Privacy Amendment (Private Sector) Act 2000 (Commonwealth) and will not disclose any personal information (as defined in the Privacy Act) relating to this scholarship to any third party without the written consent of the applicant.

Purpose:	The purpose of the Scholarship is to promote regional health education and practice as well as the work of the Albert Coates Memorial Trust by providing financial support to the Ballarat Clinical School Year 4 student who can best demonstrate the importance of regional health and their understanding of the values and example of the late Sir Albert Coates.			
Responsible Executive:	School of Medicine			
Contact:	scholarships@nd.edu.au			
Effective Date:	19 <sup>th</sup> September 2016			
Campus Applicability:	Sydney			
Modification History: Created February 2016, AE 30/04/2018, 22/7/2021				



#### Applications must be emailed to:

#### The University of Notre Dame Australia leanne.ransome@nd.edu.au

Please note: applications must be emailed as one PDF attachment.

#### INFORMATION TO ASSIST YOUR APPLICATION SUBMISSION

- a) Complete only one application form if you are applying for multiple scholarships listed on the same form.
- b) Check the Scholarship Conditions online carefully to ensure you are eligible to apply for the scholarship.
- c) Write clearly.
- d) Answer all the questions and address all the Selection Criteria of each scholarship you are applying for.
- e) Complete the Student Declaration section.
- f) Submit your application by the closing date. Late applications will not be accepted.
- g) Make sure you have enclosed all the information and documents required. Incomplete applications will not be considered.

For further information please visit our Frequently Asked Questions section on the University website.

#### Please indicate in this section the scholarship(s) you wish to apply for:

Each scholarship will be listed to their respective webpages.

The Albert Coates Memorial Trust Scholarship

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1.	CURRENT STUDY					
1.1	Degree enrolled in at The University of Notre Dame Australia					
1.2	School					
1.3	Date entered / /	Expected completion date				
1.4	Year of study you are currently in First y	ear Second year Third y	year Fourth year Fifth year			
2.	PERSONAL INFORMATION					
2.1	Title Surname/Family name	First name	Second/Middle name			
	Preferred first name	Date of birth	Age			
		/ /				
	Gender Male Female	Student Id Number				
2.2	Term address					
	Number and street					
	Town/Suburb	State	Postcode			
	Telephone (home)	Mobile				
	Email					

2.3 Permanen Number ar Town/Subi						
Number ar	t home address (if different from above)					
1000/075100						
	Citizenship and residency status (please tick the appropriate box)					
	Australian Citizen Australian Permanent Resident New Zealand Citizen International student					
	and Torres Strait Islander background (please tick the appropriate box)					
	Neither Aboriginal nor Torres Strait Islander origin       Aboriginal origin       Torres Strait Islander origin					
Aboligi	Aboriginal and Torres Strait Islander origin					
3. VISA STA	<b>FUS</b> (The Vice Chancellor's Humanitarian Scholarship only)					
	d a Protection Visa under the Australian Government's Refugee and Humanitarian Programme? Sea No					
3.2 Country of						
-	nt visa status (enclose copy of current visa):					
	g Visa E (with no limitation on study) Temporary Protection Visa (subclass 785)					
Safe H	aven Enterprise Visa (subclass 790)					
Other v	isa type. Please specify what type of visa you currently hold					
3.4 Date visa is	ssued / / Current visa expiry date / /					
4. PREVIOU	S STUDY (to be completed by commencing students only)					
4.1 Previous d	egree or course of study					
4.2 Name of in	stitution					
4.3 Academic	results ATAR (to be completed by school leavers only) WAM GPA					
5. CURRENI	FINANCIAL SITUATION					
	FINANCIAL SITUATION					
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5.	CURRENT FINANCIAL SITUATION (continued)						
5.4	Have you been awarded any other scholarship to assist with your university expenses or living costs?						
	Yes Name of scholarship Amount						
	Date awarded   /   /   Frequency of payment						
	Duration of scholarship						
	No						
5.5	Please indicate your status:						
	Single (living at home)       Single (independent)       Sole parent/carer       Partnered, no dependants         Partnered, dependants. Number of dependants under 18       Other (specify)						
5.6	What is your gross average fortnightly income?						
	If you are not sure of your income or expenses, please provide your best estimate of your financial situation for the year.						
	Individual income Partnered/combined income Family income (if you are dependent on your family's income)						
	Fortnightly Income Amount \$						
	Salary/wages (gross)						
	Commonwealth supported payment (e.g. Austudy, Youth Allowance) Assistance from family						
	Child Support						
	Scholarships/grants/awards						
	Other (e.g. shares, investments, interest, etc.)						
	Total						
5.7	What are your average fortnightly expenses?						
	Individual expenses Partnered/combined expenses Family expenses (If you are dependent on your family's income)						
	Fortnightly Expenses Amount \$						
	Rent/board/mortgage						
	Food/groceries Phone, power, utilities						
	Transport (Transperth, car costs including insurance, registration, etc.)						
	Childcare						
	Loan repayments						
	Incidentals/other						
	Total						
5.8	What is your average fortnightly surplus/deficit?						
	Surplus Deficit						
6.	STUDENT CHECKLIST						
	Ensure you have answered all the questions in your Application Form and attached all the following documents:						
	Y N Completed Application Form (compulsory)						
	Curriculum Vitae (compulsory)						
	Copy of academic transcript from previous studies if you are a commencing student (compulsory) Copy of current academic transcript from Notre Dame if you are a current student, downloadable from MyND Portal (compulsory)						
	Two reference letters (compulsory)						
	Copies of AUSTUDY, Youth Allowance Payments (if applicable) Evidence of a disability or chronic medical condition (if applicable)						
	Any other specific document listed in the Conditions of the scholarship(s) you are applying for (e.g. statement of support from Ordinary or Seminary Rector, proof of regional or remote background, etc.)						

Please allow up to three months to receive the outcome of your application. All applicants will be notified via email.

#### 7. STUDENT DECLARATION

#### Privacy and Confidentiality Statement

The University of Notre Dame Australia will not disclose any information supplied in this Application Form without written consent of the applicant. The information supplied will only be used for the selection process of the scholarship(s).

By ticking this box and writing my name I declare that the information that I have supplied on this form is true and correct to the best of my knowledge. I understand that my Scholarship may be cancelled if it is proven that I was offered a scholarship based on false or misleading information or documentation. I also understand that giving false or misleading information is a serious offence under the *Criminal Code*.

Ful	Iname
- i ui	i name

Date / /

OFFICE USE		
DATE RECEIVED:	SIGNATURE:	
STAFF MEMBER: (		