



## Application for Allied Health Assistant Scholarships

**Closing: 5pm Wednesday, 6 April 2016**

### **Application Submission:**

Email the application form and supporting documentation as to the Poche Centre for Indigenous Health by 5pm Wednesday, 6 April 2016.

(Telephone): **(02) 9114 0829**

(Email): [poche.admin@sydney.edu.au](mailto:poche.admin@sydney.edu.au)

### **ELIGIBILITY CHECKLIST**

#### **All Applicants**

- 1. A citizen or permanent resident of Australia.
- 2. Of Aboriginal or Torres Strait Islander descent or both.
- 3. Living in New South Wales or Australian Capital Territory.
- 4. Over the age of 18 years

### **1. PERSONAL DETAILS**

Family Name:	Other Names:	Title:	Gender:
Student Number:	Date of Birth:		
Home Address:	Telephone number/s:		
	E-mail:		
Any Dietary requirement/ Allergies:	Polo Shirt Size (1 per scholarships holder in sizes) <b>Sizes available from 10-22 or S – 5XL</b>		

### **1.1 EMERGENCY CONTACT**

Family Name:	Other Names:	Title:	Gender:
Relationship to applicant:	Telephone number/s:		
	E-mail:		

## 2. QUALIFICATIONS & EXPERIENCE

Provide copies of certificates relevant to you application. school reports, study etc., can be attached

2.1 Qualifications (e.g. Schooling, TAFE,)	Subjects Studied	School	Completion Date

### 2.2 Do you have (please tick yes or no)

Current First Aid Certificate            Yes  No

Current Working with Children's Check    Yes  No

Current Police Check                        Yes  No

### 2.3 Current employment: (if applicable)

Position	Employer

## 3. REASONS FOR APPLYING

Please provide a summary of the reasons that you are applying for this scholarship. You want qualifications, you would like to work in this field, you currently work in this area etc. You may attach a summary no more than 2 pages please.

Reasons

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**4. OTHER INFORMATION**

List any other information considered relevant to this application eg memberships of professional or cultural organisations, elected positions held, coaching roles etc please attach current CV.

**5. REFEREES**

List the details of two referees who are familiar with you that are not your immediate family.

Name and Position	Address	Phone/Email
1.		
2.		

**6. SIGNATURE**

***I certify that the information provided by me on this form and supporting documentation is complete, true and correct. I will advise the Poche Centre for Indigenous Health if there are any significant changes.***

Signature of Applicant:..... Date: .....

▪ **Privacy Statement**

▪ In accordance with the University of Sydney Privacy Policy, the information you provide for this application is collected and held by the University in order to assess candidates for the scholarships, and for administrative and statistical purposes. Enquiries regarding access to and correction of the personal information should be directed in the first instance to the Poche Centre for Indigenous Health.

**PLEASE NOTE**

- Submit the application and supporting documents emailed to [poche.admin@sydney.edu.au](mailto:poche.admin@sydney.edu.au).
- Liaise with your referees to ensure that they are prepared to provide information about you.
- You will be notified of your result in April 2016.