

Indigenous Entry Stream Graduate Entry Medical Program in South Australia and the Northern Territory

Application for admission (2012 Entry)

SECTION A: NOTES FOR APPLICANTS

1. Applicants for the Flinders University Graduate Entry Medical Program (GEMP) must have completed or be in the final year of an undergraduate (Bachelors) degree. If your degree is in progress, a condition of entry will be that it be completed this academic year.
2. The GEMP is offered in South Australia and the Northern Territory. The Northern Territory stream is known as the Northern Territory Medical Program (NTMP). Priority for NTMP places will be given to applicants who meet the NT residency requirement as they are fully funded by the NT Government. A resident is someone who has lived in the NT for two of the last six years or a total of five years since commencing primary school (at the date of commencement of the medical course).
3. NTMP places not filled by NT residents will be opened to other Australian citizens/permanent residents. The NTMP places are funded by a NTBMS industry sponsored scholarship which will cover tuition fees. Applicants who accept NTMP places are required to enter into a formal agreement with the Northern Territory Government to work as a medical practitioner for two years (following completion of the medical course) in areas of need in the Northern Territory, as negotiated with each applicant by the Northern Territory Department of Health.
4. The places in Adelaide are Commonwealth-supported places and successful Indigenous applicants will be offered a place from the overall Australian quota, which includes a mix of non-bonded, and Bonded Medical places and a small number of Medical Rural Bonded Scholarships. Further information is available at <http://www.flinders.edu.au/medicine/sites/medical-course/domestic-applicants/medical-school-places.cfm>

COMPLETING AND SUBMITTING YOUR APPLICATION

If you need to discuss a possible application or need guidance in completing the application form please contact:

INDIGENOUS SUPPORT UNIT, FACULTY OF HEALTH SCIENCES, ADELAIDE

Email: indigenoussupportsa@flinders.edu.au

INDIGENOUS SUPPORT UNIT, Flinders NT

Email: indigenoussupportnt@flinders.edu.au

Once you have downloaded this form to your computer, there are two options:

1. Print out the form, complete it by hand and submit.
2. If you have Acrobat Reader 9, open the form in Reader 9 and type into the form to complete it, print it out and submit.
(note: you will not be able to save a completed/partially completed form)

The closing time and date for receipt of applications is **5.00pm Monday, February 28th, 2011**. Applications initially submitted by email should be then submitted in hard copy to the addresses below. Copies of your completed application, original transcript(s) and other attachments should be sent to:

INDIGENOUS SUPPORT UNIT, FACULTY OF HEALTH SCIENCES, ADELAIDE

By email: indigenoussupportsa@flinders.edu.au

By mail: PO Box 2100 Adelaide SA 5001

By hand: Faculty of Health Sciences Office, Level 3 Health Sciences Building, Registry Road, Flinders University, Bedford Park SA

COMMUNICATING WITH YOU ABOUT YOUR APPLICATION

Email will normally be the main means of contact with you about your application. It is important that you provide a current email contact address which will be valid from February 2011 to January 2012 and that you regularly check your email at this address.

SECTION B: SITE SELECTION

The Indigenous Entry Stream is used to select candidates for both South Australian and NT streams.

Please check **one** of the three options below:

- Option 1 ☐ Graduate Entry Medical Program South Australia only.
Option 2 ☐ Northern Territory Medical Program only.
Option 3 ☐ I want to be considered for both SA and NT. My first preference is ☐ SA ☐ NT

If you selected option 2 or 3 please complete:

- ☐ I have resided with a permanent address in the Northern Territory for a total of at least two out of the last six years or for a total of at least five years since commencing primary school.
If you ticked this box, you should attach a Statutory Declaration stating how you meet the NT Residence requirements, form available from: <http://www.ag.gov.au/statdec>
- ☐ I do not meet the NT residency requirement but wish to be considered for the NTMP if places are available.

SECTION C: PERSONAL AND CONTACT DETAILS

Title (Mr/Ms/Mrs): _____

All names you are known by: _____

Family name: _____

Date of Birth: ____/____/____ (dd/mm/yyyy)

☐ Male ☐ Female

Address for Correspondence:

Number & Street Name _____ Suburb/Town _____ State _____ Postcode _____

Contact Phone: (____) _____
Home Mobile Fax

Email: _____

Family contact:

Name _____
Phone number _____ Mobile _____

Number & Street Name _____ Suburb/Town _____ State _____ Postcode _____

Indigenous Identity:

Have you lived for a significant time outside a metropolitan area? Please tick the following statement that applies to you

- ☐ I am of Aboriginal descent; or I am of Torres Strait Islander descent.
☐ I identify as an Aboriginal person; or and ☐ I am accepted as such by the community in which I currently live; or
I identify as a Torres Strait Islander. I am accepted as such by the community in which I formerly lived for ____ years.

(If selected for an interview you will need to provide a statutory declaration supported by an Aboriginal Community)

Country of Birth and Citizenship:

Country of Birth: _____

- ☐ I am an Australian citizen
☐ I hold an Australian Permanent Resident Visa

Rural or Remote Residency:

- ☐ I have been resident in an Australian Standard Geographical Classification – Remoteness Area (ASGC-RA 2-5) for at least 5 years (consecutive or cumulative) from commencement of primary school, that is from the commencement of school at about the age of five years.
If you checked this box, please provide the ASGC-RA code (2-5) for the area where you lived the longest, using the ASGR lookup tool available at <http://www.doctorconnect.gov.au/internet/otd/Publishing.nsf/Content/locator>

ASGC-RA code: _____

SECTION D: POST SECONDARY EDUCATION

Have you completed a Bachelor degree or will you complete a Bachelor degree in the current academic year? ☐ Yes ☐ No

Title of degree: _____

Institution: _____

Duration of degree (full time years): _____

Completion date: _____

Please attach official academic transcript(s) for the completed degree or showing your results so far. If the degree includes credit given for previous studies, you should include official academic transcript(s) from the relevant institution(s), listing those studies.

Additional Post Secondary Education:

If you need more space, please attach extra pages headed: "Section D: Education History"

Title of Course or Degree	Name of Institution	Length of Course (full time years)	Completion date (mm/yyyy)	Qualification awarded (if applicable)

Have you ever been under exclusion from any University? ☐ Yes ☐ No

Are you now or have you ever been enrolled in a medical degree program in an Australian University? ☐ Yes ☐ No

Have you previously been offered a place in any of the Australian graduate-entry medical programs? ☐ Yes ☐ No

If you answered Yes to any of these questions, please attach a brief explanation headed: "Section D: Education History Explanation"

GAMSAT:

GAMSAT scores are not required for this application but if you have sat GAMSAT and would like your results considered please complete the following:

Year of test: _____

GAMSAT ID#: _____

GAMSAT Scores:

Section I: _____ Section II: _____ Section III: _____ Overall Score: _____

SECTION E: EMPLOYMENT/WORK EXPERIENCE

PLEASE ATTACH A COPY OF YOUR RESUME/CURRICULUM VITAE (CV)

Please list work experience that is relevant to your application

If you need more space, please attach extra pages headed: "Section E: Work Experience"

Position held	Employer	Main duties/responsibilities	Full time/part time/ casual	Length of employment/experience

SECTION F: COMMUNITY INVOLVEMENT HISTORY

Please describe any community roles or involvement you have had including volunteering, caring, community leadership, religious/service organizations, committees and boards, clubs or student organizations etc

If you need more space, please attach extra pages headed: "Section F: Community Involvement"

SECTION G: PERSONAL ACHIEVEMENTS

Please describe your current or recent sporting, artistic or other achievements, hobbies and interests

If you need more space, please attach extra pages headed: "Section G: Personal Achievements"

SECTION H: INTEREST IN MEDICINE

Please write a statement of up to 500 words about why you are interested in studying Medicine and how you hope to use your medical degree in the future. We are interested in learning about what influenced your decision and the kinds of life experiences, personal achievements that give you the preparation and determination to succeed.

*If you need more space, please attach extra pages headed: "**Section H: Interest in Medicine**"*

REFEREES (ACADEMIC OR EMPLOYMENT)

Please list two referees who know you well through work or academic study and can provide detailed comments in support of your application for medical studies.

Referee 1

Work or Academic Relationship: _____

Name: _____ (_____) _____
Phone number Mobile

Address: _____
Number & Street Name Suburb/Town State Postcode

Email address (if available): _____

Referee 2

Work or Academic Relationship: _____

Name: _____ (_____) _____
Phone number Mobile

Address: _____
Number & Street Name Suburb/Town State Postcode

Email address (if available): _____

REFEREES (ABORIGINAL OR TORRES STRAIT ISLANDER)

An Aboriginal or Torres Strait Islander person or organization who will verify your Aboriginality. This person cannot be a family member.

Name: _____ (_____) _____
Phone number Mobile

Address: _____
Number & Street Name Suburb/Town State Postcode

Email address (if available): _____

CHECKLIST

Have you attached:

- Original Academic transcripts.
- Statutory Declaration of residency.
- Supporting documentation (written references, awards, certificates etc).
- Curriculum Vitae

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Total number of additional pages attached that address sections C to H? _____

If your name has changed, please make sure that the name used in your application form is also included on all of your supporting documents

Please note: A statutory declaration supported by an Aboriginal community organization will be required if you are selected for interview

DECLARATION

I declare that information I have given in this application and any attachments is true, accurate and complete. Giving false or misleading information is a serious offence under the Criminal Code (Commonwealth).

I authorise Flinders University to obtain relevant information about me to support this application from educational, and other sources as required.

I acknowledge that if my application is successful, I may be required to supply documentary evidence to substantiate information supplied in this application.

Signature of Applicant: _____ **Date:** ____/____/____ (dd/mm/yyyy)

Information provided by applicants is treated as confidential according to the University Policy on Access to Student Information. Flinders University will not disclose personal information without the student's consent, except as required by law.

Please see page 1 for instructions on submission of your application.