

Application Form - 2018 Cancer Awareness Skill Set (short course)

Application Submission:

Email the application form and supporting documentation as to the Poche Centre for Indigenous Health by Friday 21st September 2018.

Telephone: (02) 9114 1149 E-mail: poche.admin@sydney.edu.au

ELIGIBILITY CHECKLIST

- A citizen or permanent resident of Australia
- Of Aboriginal or Torres Strait Islander descent or both
- Living in New South Wales or Australian Capital Territory
- Over the age of 18 years
- Attached blood results or Vaccination record
- Currently employed as an Aboriginal Health Worker

PERSONAL DETAILS

Full Name			
Preferred Name			
Home Address			
Suburb or town:	State:	Post Code:	
Date of birth			
Home Phone	Work Phone Number		
Mobile Number			
E-Mail Address			
Any Dietary requirement/ Allergies:			
Scholarship Shirt Size (Uniform)	<input type="checkbox"/> Size 8 <input type="checkbox"/> Size 10 <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL <input type="checkbox"/> 5XL <input type="checkbox"/> 6XL <input type="checkbox"/> 7XL		

EMERGENCY CONTACT

Full Name			
Relationship to applicant			
Home Phone	Work Phone Number		
Mobile Number			
E-Mail Address			

QUALIFICATIONS & EXPERIENCE (attach relevant documentation to application)

Do you have a NSW Working with Children's Check (WWC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	WWC Number:
Do you have a current NSW Police Check?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Police Check Number:
Have you started your vaccination process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a current First Aid certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Current employment: (if applicable)	
Position	Employer

REASONS FOR APPLYING

<i>Please provide a summary of the reason that you are applying for this scholarship. eg. You may want further qualifications, or you work in this field and want to further your knowledge, or you may want to upgrade your skills. Please attach a summary no more than 2 pages.</i>
Reasons

OTHER INFORMATION

<i>Please attach current CV, and list any other information considered relevant to this application eg memberships of professional or cultural organisations, elected positions held, coaching roles etc</i>

REFERE

<i>List the details of two referees who are familiar with you that are not your immediate family.</i>		
Name	Position/Organisation	Phone/Email
1.		
2.		

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:

OUR POLICY AND 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 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 to poche.admin@sydney.edu.au
- Liaise with your referees to ensure that they are prepared to provide information about you
- Get permission from your supervisor