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|  | **DRH**  **Health Academy Program Application Form   25th – 29th September 2017** |

**Closing date for applications: 3rd September 2017**

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| **1** | **STUDENT DETAILS** | | | | | | | | |
| **Title:**  (ie Mr/Miss/Ms/Mrs) | | |  | | | | | |
| **First Name:** | | |  | | | | | |
| **Surname:** | | |  | | | | | |
| **Student ID:** | | |  | | | | | |
| **Citizenship Status:** | | | ❑ Australian citizen | | ❑ Permanent resident | | | |
| ❑ Other (please specify) | | | | | |
|  | | | | | | | | | |
| **2** | **CONTACT DETAILS** | | | | | | | | |
| **Address** |  | | | | | | | |
|  | | | | | | | |
| **Email** |  | | | | | | | |
| **Telephone** | (H/W) | | | | | Mobile | | |
|  | | | | | | | | | |
| **3** | **DATE OF BIRTH** | | |  | | | | | |
|  | | | | | | | | | |
| **4** | **CURRENT PROGRAM** (must have completed 2 years of course or enrolled in Graduate entry course at the time of the program commencing to be eligible) | | | | | | | | |
| **Program Name:** | | |  | | | | | |
| **Current Year:** | | |  | | | | | |
| **University:** | | |  | | | | | |
|  | | | | | | | | | |
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| **5** | **PREVIOUS COMMUNITY ENGAGEMENT EXPERIENCE/INTEREST** | | | | | | | | |
| **Briefly describe why you want to be involved in the Health Academy program and outline any future plans for working with communities or in Regional South Australia (if any)** | | | | | | | | |
|  | | | | | | | | |
| **If accepted to be a part of the 2017 Health Academy program, can you provide an example of an activity you would consider doing that would promote your health profession and be appropriate for high school aged students?** | | | | | | | | |
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| **6** | **ATTACH A COPY OF YOUR ACADEMIC TRANSCRIPT** ❑ | | | | | | | | |
|  | | | | | | | | | |
| **7** | **REFEREE** | | | | | | | | |
| **Name:** | |  | | | | **Phone:** | |  |
| **Email:** | |  | | | | | | |
|  | | | | | | | | | |
| **8** | **STUDENT SIGNATURE** | | | |  | | | **DATE** |  |
|  | | | | | | | | | |
| **9** | **FORWARD APPLICATIONS TO:** | | | | | | | | |
| Department of Rural Health, University of South Australia, Whyalla Campus  111 Nicolson Avenue, Whyalla Norrie SA 5608  OR  Email: Michael.Watkins@unisa.edu.au | | | | | | | | |
|  | | | | | | | | | |
| **10** | **CHECKLIST** | | | | | | | | |
|  | Applicant should include: (tick box)  ❑Application form  ❑Referee  ❑Copy of Academic Transcript | | | | | | | | |
|  | | | | | | | | | |
| **For further information please contact:**  **Mr Michael Watkins**  Project Officer, University of South Australia Department of Rural Health  P: 08 8602 6163 | E: [Michael.Watkins@unisa.edu.au](mailto:Michael.Watkins@unisa.edu.au) | | | | | | | | | |

**For Office Use only:**

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|  | **Initials** | **Date** | **Time** |
| **Application Received** |  |  |  |
| **Certification Received** |  |  |  |