



# Indigenous Entry Stream Bachelor of Medicine Bachelor of Surgery Deakin University

## Application for admission (2017 Entry)

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### SECTION A: NOTES FOR APPLICANTS

1. Applicants for the Deakin University Bachelor of Medicine Bachelor of Surgery (BMBS) must have completed within the last 10 years 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. Five of all Deakin Universities Commonwealth Supported Places (CSP) are available through the Indigenous Entry Stream. Places not filled through the Indigenous Entry Stream will be opened to other domestic students.

### COMPLETING AND SUBMITTING YOUR APPLICATION

The closing time and date for receipt of electronic applications is **midnight Thursday 30 June 2016**. Applications initially submitted by email should be then submitted in hard copy to the addresses below. Copies of your completed application, original academic transcript(s) – photocopies or unofficial computer prints outs will not be accepted and other attachments should be sent to:

School of Medicine  
Faculty of Health  
Deakin University  
Locked Bag 20000, Geelong, VICTORIA 3220  
AUSTRALIA

#### **Enquiries:**

Candice Mckenzie  
Coordinator of Indigenous Medical Education  
Ph: (03) 5227 3158  
[candice.mckenzie@deakin.edu.au](mailto:candice.mckenzie@deakin.edu.au)

The application cannot be submitted on-line. Original official transcripts along with hard copies of other parts of your application should be mailed to the address above. Please keep a copy of your application for your own records.

**Applications will not be processed unless all documents are required are provided.**

### 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 and that you regularly check your email at this address.

## SECTION B: 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:**

Please tick below as appropriate.

I am Aboriginal;

I am Torres Strait Islander.

And  I am accepted as such by the community in which I currently live; or  
I am accepted as such by the community in which I formerly lived for years.

### **Country of Birth and Citizenship:**

Country of Birth: \_\_\_\_\_

I am an Australian citizen

I hold an Australian Permanent Resident Visa

### **Rural Residency:**

I have been resident in an Australian Standard Geographical Classification – Remoteness Area (ASGC-RA 2-5) for at least five 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 C: POST SECONDARY EDUCATION

Have you completed a Bachelor degree within the last 10 years 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 C: 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 D: 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 D: Work Experience**"

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

## SECTION E: COMMUNITY INVOLVEMENT HISTORY

Please describe any community roles or involvement you have had including volunteering, caring, community leadership, religious/service organisations, committees and boards, clubs or student organisations etc. Also describe how you plan to bring benefit to your community if you successfully complete this training.

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

## SECTION F: 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 F: Personal Achievements"*

## SECTION G: INTEREST IN MEDICINE

Please write a statement of up to 600 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 skills, qualities and achievements influenced your decision and the kinds of life experiences, personal achievements that give you the preparation and determination to succeed.

**Please answer the following questions:**

- (1) When did you decide you wanted to do medicine?**
- (2) When you are a doctor what are you going to do?**

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

## REFEREES (ACADEMIC OR EMPLOYMENT)

Please list two referees who know you well through work, academic study, desires and community involvement and can provide detailed (written) 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)

Please provide a signed document from an Aboriginal or Torres Strait Islander person and/or organization. This person cannot be a family member. Please also provide details below.

Name: \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone number Mobile

Address: \_\_\_\_\_  
Number & Street Name Suburb/Town State Postcode

Email address (if available): \_\_\_\_\_

## CHECKLIST

Have you attached?

• Original Academic Transcripts (photocopies or unofficial computer printouts will not be accepted)	Yes	No
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Total number of additional pages attached that address sections C to G? \_\_\_\_\_

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.

## 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 Deakin 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. Deakin 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.