**For office use only**

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# Indigenous Entry Stream

# Doctor of Medicine

**Deakin University**

**Application for admission (2023 Entry)**

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**SECTION A: NOTES FOR APPLICANTS**

1. Applicants for the Deakin University Doctor of Medicine (MD) must have a Bachelor qualification completed no more than 10 years before the course commencement date, with a final Grade Point Average (GPA) (weighted) of 5.0 or greater.

*Or* a Bachelor and Postgraduate degree completed no more than 10 years before the course commencement date with a final Grade Point Average (GPA) (weighted) of 5.0 or greater. The Postgraduate program may also be considered towards the GPA calculation.

1. Up to 5% of domestic places will be held for Indigenous applicants who apply 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

To confirm receipt of your electronic application, complete the below application form and submit it via email to the School of Medicine Admission and Placements Team at [som-selection@deakin.edu.au](mailto:som-selection@deakin.edu.au) by **11:59pm 31st July 2022.**

We will be unable to process your application unless all documents have been provided. Sighting of original documents may be requested upon successful application. Please ensure all paperwork has been submitted together and includes the following; confirmation of Aboriginal and/or Torres Strait Islander identity, a copy of your most recent academic transcript(s) and your resume.

***Please ensure that you keep a copy of your application for your records.***

## COMMUNICATING WITH YOU ABOUT YOUR APPLICATION

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| Please provide a current email address that you regularly check. Deakin University’s main contact is through email for your application. If you have a query regarding your application, please email or phone Ms. Jodi Phillips on the details below. |
| **Enquiries should be directed to:** |
| The Indigenous Health Team School of Medicine  P: (03) 5227 8031  E: [ihmer@deakin.edu.au](mailto:ihmer@deakin.edu.au) |

**SECTION B: PERSONAL AND CONTACT DETAILS**

Title (Mr./Ms./Mrs.): All names you are known by: Family name:

Male



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

## Address for Correspondence:

Number & Street Name Suburb/Town State Postcode

Contact Phone: ( ) ( )

Home Mobile Fax

Email:

## Family Contact:

Name:

Phone numbers (Including Mobile & landline):

Address:

## Indigenous Identity:

*Please tick below as appropriate.*

I am Aboriginal;



or 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:* [*https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator*](https://www.health.gov.au/resources/apps-and-tools/health-workforce-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”***

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

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| --- | --- |
| 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****”*

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| --- | --- | --- | --- | --- |
| **Position held** | **Employer** | **Main duties/responsibilities** | **Full time/part time/ casual** | **Length of employment/experience** |
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**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.

*300-500 words. If you need more space, please attach extra pages headed: “****Section E: Community Involvement****”*

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**SECTION F: PERSONAL ACHIEVEMENTS**

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

*300-500 words. If you need more space, please attach extra pages headed: “****Section F: Personal Achievements****”*

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**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****”*

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**REFEREES (ACADEMIC OR EMPLOYMENT)**

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

## Referee 1

Work or Academic Relationship:

Phone numbers (Including Mobile & landline):

Address:

Email:

## Referee 2

Work or Academic Relationship:

Phone numbers (Including Mobile & landline):

Address:

Email:

**REFEREES (ABORIGINAL OR TORRES STRAIT ISLANDER)**

*Please provide a signed document from an Aboriginal or Torres Strait Islander person and/or organisation. This person cannot be a family member. This reference needs to outline your community involvement. Please provide their details below.*

Name:

Address:

( )

Phone number Mobile

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 |

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.