



# Queensland Health

## Allied Health Scholarship Scheme

### PROSTHETIC & ORTHOTIC APPLICATIONS *ONLY*

# Application Form

If you intend to apply for a Queensland Health Allied Health Scholarship Scheme:

#### **Document Checklist**

*(Please ensure you have completed the following before submitting your application)*

- Answer all questions in the Application Form
- Address all the selection criteria
- Provide proof of your Australian citizenship with a certified copy of your birth certificate or citizenship papers
- Return the original Application Form and selection criteria to Rural Health Connections prior to the closing date
- If you have responded "Yes" to question 13 provide a certified copy of permanent residency visa, or letter granting permanent residency from the Dept of Immigration and Multicultural and Indigenous Affairs

The offer of a scholarship with Queensland Health is dependant on how well the applicant meets the selection criteria, sound academic achievement to date, and performance at an interview. At the interview, applicants will be asked questions based on the selection criteria. Every effort is made to ensure that interviews cause minimal disruption to academic studies.

If you require further advice or assistance filling out this form contact Rural Health Connections on 1800 680 291.

***Students must be in the final year of their degree to be eligible for these scholarships.***

Please send your applications to:

Rural Health Connections  
PO Box 1344  
ROMA QLD 4455

For more information please contact Rural Health Connections on:

Freecall: 1800 680 291  
Fax: (07) 4624 1818  
E-mail: [qhrss\\_alliedhealth@health.qld.gov.au](mailto:qhrss_alliedhealth@health.qld.gov.au)  
Web: [www.health.qld.gov.au/orh](http://www.health.qld.gov.au/orh)

***We look forward to receiving your application***

**1. Applicant Personal Details**

Title	<input type="text"/>	Preferred Name	<input type="text"/>
First Name	<input type="text"/>		
Surname	<input type="text"/>		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of Birth	<input type="text" value=" / /"/>		

**2. Residential Address**

Phone	<input type="text" value="( )"/>
Alternate Phone Number (If not at your residential address during the academic year)	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>
Street Address	<input type="text"/>
	<input type="text"/>
	Suburb/Town
	State
	Postcode

**3. Postal Address**

(If different from residential)

<input type="text"/>
<input type="text"/>
Suburb/Town
State
Postcode

**4. Alternative Contact Person**

Name	<input type="text"/>
Relationship	<input type="text"/>
Contact Number	<input type="text" value="( )"/>

**5. Do you wish to identify as:**

Aboriginal  
 Torres Strait Islander  
 Other

**6. Have you attended any Health Workshops**

Health Careers in the Bush  
 Other

**7. Do you have a current 'C' Class Drivers Licences**

Yes  
 No

**8. Are you a member of any University/Health Club or other organisations**

- RHINO  
 TROPHIQ  
 BOND  
 Others


**9. Do you receive any other scholarships**

- Yes → Name of Scholarship  
 No Amount per year  
Purpose of Scholarship


**10. Have you ever lived in a Rural and Remote Area/or outside a Metropolitan Area**

- No  
 Yes



Town	State	Years (e.g. 1990—1998)

**Section B:****Employment Details****11. Please show details of present and previous employment**

Period of Employment	Employer Name & Address	Type of Work

**12. Are you an Australian Citizen**

Yes →

No ↓

**If Yes**, provide proof of your Australian citizenship by attaching a certified copy your birth certificate or citizenship certificate.

**13. Have you been granted or do you continue to hold Australian Permanent Residence Status**

Yes →

No ↓

**If Yes attach a certified copy of either:**

- permanent residency visa, or
- Letter granting permanent residency from the Dept of Immigration and Multicultural and Indigenous Affairs.

**If you answered No to question 12 & 13, you are not eligible for a scholarship**

**14. Are you a Full time University Student**

Yes

No →

**If No, you are not Eligible for a scholarship**

**15. Are you entering the final year of your degree**

Yes

No →

**If No, you are not Eligible for a scholarship**

## Section D:

## Course Details

**16. Please give your course details for the current academic year**

Full Course Name

Name of University

Campus

University Address

Student Identification Number

Current year Level of your Course

**17. Provide details of your last four semesters of study leading to your current degree (If applicable)****Current Degree**

Year of Study_____				Year of Study_____			
1st Year Semester 1		1st Year Semester 2		2nd Year Semester 1		2nd year Semester 2	
Subject	Result	Subject	Result	Subject	Result	Subject	Result
Semester GPA:		Semester GPA:		Semester GPA:		Semester GPA:	

**18. Provide details of your previous degree (if applicable)****Previous Degree**

**Name of Previous Course**

**Status**  Full Time  Part-Time

**Year Completed**

Year of Study_____				Year of Study_____			
1st Year Semester 1		1st Year Semester 2		2nd Year Semester 1		2nd year Semester 2	
Subject	Result	Subject	Result	Subject	Result	Subject	Result
Semester GPA:		Semester GPA:		Semester GPA:		Semester GPA:	

**Please Note: *Placements for Orthotics and Prosthetics students will be limited to Brisbane.  
(Royal Brisbane Women's Hospital and Princess Alexandra Hospital)***

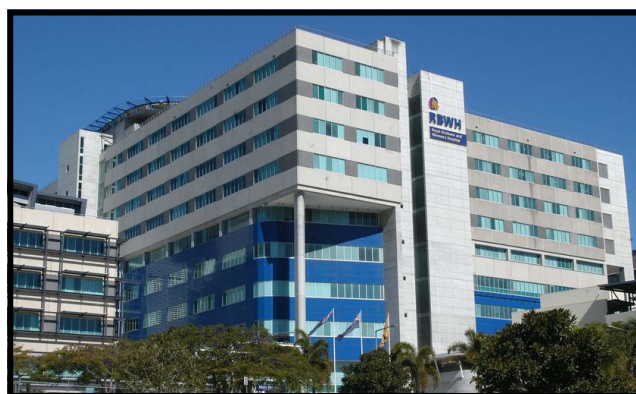
**17. Please indicate which area you might like to be placed in upon graduation.**

Princess Alexander Hospital

Royal Brisbane Women's Hospital



Princess Alexander Hospital



Royal Brisbane Women's Hospital

## Section G:

## Selection Criteria

Applicants must address the selection criteria listed below. Your success in being short-listed for an interview is based on how well the information in your application meets the selection criteria.

### Addressing Selection Criteria

Your response to the selection criteria must describe your particular skills, knowledge or ability to acquire these. It is important that you address each selection criteria. At least half an A4 page and no more than one A4 page of typed information is expected per selection criteria. When writing your responses to the selection criteria please consider how you believe you have or will accomplish; or meet each of the Selection Criteria.

**SC1: Demonstrated understanding of the professional and personal issues involved in practicing in areas where there is an identified shortage of your professional skills.**

**SC2: An understanding of how a period of bonded service in an "Area of Priority" could impact on a professional career path.**

**SC3: Demonstrated organisational skills, displaying initiative and self motivation to successfully complete your degree.**

## Section H:

## Declaration

I declare that:

- The information I have given on my application form is complete and correct.

Your signature

Date

## Section I:

### How did you hear about this scholarship?

- |   |   |
|---|---|
| <input type="checkbox"/> University Flyer           | <input type="checkbox"/> Qld Health Website |
| <input type="checkbox"/> University Website         | <input type="checkbox"/> Word of Mouth      |
| <input type="checkbox"/> Presentation at University | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Email from University      |   |