



Queensland Health Population Health Scholarship Scheme

Application Form

Section 1: Eligibility Check

1. Are you eligible to be a government employee in Australia?

- YES I am an Australian Citizen. Please attach a certified copy of:
- extract of birth certificate or
 - Citizenship papers.

OR

- YES I hold Australian Permanent Resident status. Please attach a certified copy of:
- Permanent Residency Visa; or
 - Letter granting permanent residency from the Australian Department of Immigration and Multicultural and Indigenous Affairs.

- NO Neither of these apply to me. (Sorry, you are not eligible.)

2. I am enrolled in a course that is eligible for employment in my chosen discipline*.

- YES Continue. NO Sorry, you are not eligible.

* **NB:** If after checking the relevant Fact Sheet you are unsure of your eligibility you may enquire at phcareers@health.qld.gov.au

3. As at 1 January 2010, I have two years (or less) of study remaining until my anticipated graduation.

- YES Continue. NO Sorry, you are not eligible.

4. My mode of study is eligible -

Undergraduate Study

For the remaining duration of my course, I will be undertaking full-time study with a full-time subject load.

- YES Continue
 NO Sorry, you are not eligible.

Post Graduate Study

I will be undertaking full-time or part-time study, and as at 1 January 2010 I expect to graduate in two (2) years or less.

- YES Continue
 NO Sorry, you are not eligible.

5. I am applying for the following scholarship:

Available Disciplines:

<input type="checkbox"/>	Environmental Health
<input type="checkbox"/>	Epidemiology
<input type="checkbox"/>	Health Promotion
<input type="checkbox"/>	Public Health

Section 2: Personal Details

1. Applicant's Personal Details

Title: _____ Preferred Name: _____

Given Names: _____

Last Name: _____

Gender: _____ Date of Birth: ____ / ____ / ____

2. Residential Address and Contact Details

Home telephone number: _____

Mobile telephone number: _____

Email: _____

Street Address: _____

Suburb/Town: _____

State: _____ Post Code: _____

3. Postal Address

Street Address: _____

Suburb/Town: _____

State: _____ Post Code: _____

4. Equal Opportunity in Public Employment Declaration

Queensland Health is required to report on its achievements under the Equal Opportunity in Public Employment Act. For reporting purposes, do you wish to identify as one or more of the following (**NB**: This will have no bearing on your application):

- Aboriginal descent
- Torres Strait Islander descent
- Woman
- Person with a Disability
- Person from a Culturally and Linguistically Diverse Background

- None of the above
- I choose not to respond

5. Do you have a current C class driver's license?

- Yes
- No

6. Are you in receipt of any other scholarship/s?

- Yes - Please provide details:
Name of Scholarship: _____
Purpose of Scholarship: _____
Amount per year: \$ _____
Expiry date of scholarship: _____ / _____ / _____
- No

7. Have you ever lived in a rural, remote or non-metropolitan area?

- Yes - Please provide details:
Location: _____
State/Country: _____
Years: _____
- No

8. Are you willing to work in a rural, remote or non-metropolitan area?

- Yes
 No

9. Employment History

- My employment history is outlined on my attached resume. This includes the position, employer, duration of employment and a brief explanation of my duties for each position I have held.

10. Details of my study (for Postgraduates this will be what you are INTENDING to study).

- Full course name _____
Name of university _____
Campus _____
Student identification number _____
Course Start Date: _____ / _____ / _____ Course End Date: _____ / _____ / _____
- Full-time study Part-time study

11. Academic Transcript

Attach a copy of all academic results relating to the course in which you are currently enrolled. For Postgraduates, please forward proof of enrolment in your intended course when available.

12. Selection Criteria

Provide a short response (maximum 1–2 pages) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the following:

Expertise and Ability

- Knowledge, expertise and skill in your profession.
- Ability to apply established professional principles to the provision of routine professional services.

Communication and Participation

- Ability to participate in a team.
- Ability to apply effective oral, written and interpersonal communication skills.

Leadership and Management

- Ability to self-manage work activities.
- Ability to impart professional knowledge and guidance to others.

Knowledge Management

- Ability to assist in the design, analysis and evaluation of health interventions.
- Ability to contribute to the advancement of knowledge and research within the nominated discipline.

13. How did you hear about this scholarship?

- Email from University
- Office of Rural Health Website
- Population Health Careers Website
- Presentation at University
- Promotional Flyer
- University Flyer
- University Website
- Word of Mouth
- Other: _____

14. Do you wish to be considered for other opportunities?

Sometimes during the process of assessing scholarship applications, opportunities arise that are unrelated to the scholarship process. Population Health invites applicants who are eligible to apply for a scholarship to consider making themselves available for any additional opportunities that may arise. **NB:** This option is only available to those who are eligible to apply for a scholarship.

I wish to be considered for other opportunities in addition to the scholarship process.

- Yes
- No

15. Student Declaration

I _____ declare that the information I have given on my application and related documents are complete and correct.

Applicant Signature: _____ Date: ____ / ____ / ____

CLOSING DATE

**Your application must be received at
the Office of Rural Health
by 5:00 pm Friday 18 September 2009**

Postal Address

Office of Rural Health
PO Box 1006
ROMA QLD 4455

Internet:

<http://www.health.qld.gov.au/orh>

Free Call:

1800 680 291

Facsimile:

(07) 4624 1818

Email:

QHRSS@health.qld.gov.au