Queensland Health Prosthetics and Orthotics Scholarship

Application Form for 2022 Scholarship

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Title:		Surname:				
Given Name	s:					
Gender:	Male	Female	Date of Birth:	1	1	
Residential /	Address:					
Postal Addre	ess (if differe	nt from residential):				
Home Phone	ə :		Mobile Phone	:		
Email:						
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Aborigir		the following: Torres Strait Islander	Person with	a Disability		
Are you an <i>A</i>	Australian citi	zen?				
-		ed copy of your birth or cit	izenship certificate a	and marriage	e certificate i	f applicable.
	e below.	,, ,	,	J		,,
If NO. have	vou been ara	anted and do you continue	e to hold Australian F	Permanent F	Residence S	tatus?

Yes - attach a certified copy of either your permanent residency visa or letter granting you permanent residence status.

No - you are not eligible to apply for the Qld Health Prosthetics and Orthotics Scholarship.

Provide details of your current un	iversity enrolment:			
Course Name:				
University:				
Campus:				
Current year level of your course:				
Provide details of your last two se	mesters of study:			
Semester 1		Semester 2		
Subject	Result	Subject	Res	ult
Provide details of your previous d	egree (if applicable)):		
Course Name:				
University:				
Year completed:	Co	ourse GPA:		
Employment History				
Period of employment	Employer name	&address	Work role	

Course Details

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 you supply in your application meets the 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.

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 could impact on your professional career path.

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

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I declare that the information I have provided in my application form is complete and corre	declare that the information	I have provided in my	application form	is complete and	correct
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Your signature: Date: /

Checklist

Please ensure you have attached the following:

A copy of your resume including contact details for two referees.

Your responses to the three selection criteria.

A certified copy of photo ID (eg. driver's licence or passport).

If you are an Australian citizen - a certified copy of your birth or citizenship certificate and marriage certificate if applicable.

If you are not an Australian citizen - a certified copy of either your permanent residency visa or a letter granting you permanent residence status in Australia.

Submit applications to:

Allied_Health_Advisory@health.qld.gov.au

Applications close 5pm, 30 September 2021