

# Prosthetics and Orthotics Scholarship

## Application Form

The Department of Health is collecting your information to support your enrolment in the above-mentioned program. Personal information collected by the Department is handled in accordance with the Information Privacy Act 2009. Your personal information will not be disclosed to other third parties without consent unless the disclosure is authorised or required by or under law.

For any questions regarding this collection notice, please contact the Office of the Chief Allied Health Officer via email [AH\\_CETU@health.qld.gov.au](mailto:AH_CETU@health.qld.gov.au). For information about how the Department protects your personal information, how to access or correct your own personal information, or how to make a complaint about a breach of the privacy principles and learn how we deal with such a complaint, please refer to [Queensland Health Privacy Policy](#).

Personal details			
<b>Title:</b>		<b>Surname:</b>	
<b>Given names:</b>		<b>Date of birth:</b>	
<b>Residential address:</b>			
<b>Postal address (if different from residential address):</b>			
<b>Phone:</b>		<b>Email:</b>	
<p><b>Are you an Australian citizen?</b></p> <p><input type="checkbox"/> Yes – attach a certified copy of your birth/ citizenship certificate and marriage certificate (if applicable)</p> <p><input type="checkbox"/> No – see below</p> <p><b>If no, have you been granted, and do you continue to hold, Australian Permanent Residence Status?</b></p> <p><input type="checkbox"/> Yes – attach a certified copy of either your permanent residency visa or letter granting permanent residence status</p> <p><input type="checkbox"/> No – you are ineligible to apply for this scholarship.</p>			

Course details	
<b>Course name:</b>	
<b>University:</b>	
<b>Campus:</b>	
<b>Anticipated year of graduation:</b>	

Provide details of your last two semesters of study			
Semester 1 2025		Semester 2 2024	
Subject	Result	Subject	Result

Provide details of your previous degree/s (if applicable)	
Course name:	
University:	
Year completed:	Course GPA:

Provide details of 2 referees			
<b>Academic referee</b>			
Name:		Phone number:	
Position:		Email address:	
Organisation:			
<b>Work referee (previous or current supervisor/manager) or if no work history, a personal referee</b>			
Name:		Phone number:	
Position:		Email address:	
Organisation:			

Selection criteria
<p>Applications must address the three selection criteria 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.</p> <p>Your response to the selection criteria must describe your particular skills and knowledge, or your ability to acquire these. It is important that you address each one and recommend that you provide at least half an A4 page and not more than one full A4 page for each selection criteria.</p> <p><b>SC1: Demonstrated understanding of the professional and personal issues involved in practicing in areas where there is an identified shortage of your professional skills.</b></p> <p><b>SC2: An understanding of how a period of bonded service could impact your professional career path.</b></p> <p><b>SC3: Demonstrated organisational skills, displaying initiative and self-motivation to successfully complete your degree.</b></p>

**Declaration**

I confirm that all responses provided in this application are entirely my own work. I have not used artificial intelligence tools to generate any part of my responses, and I affirm that all information included is accurate and complete to the best of my knowledge.

**Signature:****Date:****Checklist**

Please ensure that you have attached the following:

- A copy of your resume including your work history
- Details for two referees
- Your responses to the three selection criteria
- A **certified copy**\* of valid photo ID (e.g., driver's license or passport)
- Australian citizens: a **certified copy**\* of your birth/ citizenship certificate and marriage certificate (if applicable)
- Australian permanent residents: a **certified copy**\* of either your permanent residency visa or letter granting you permanent residence status.

\*Identification must be certified by a JP or CDec within the last six months.

**Please submit your application to [AH\\_CETU@health.qld.gov.au](mailto:AH_CETU@health.qld.gov.au)  
by 5pm, Sunday 26 October 2025.**

**Selection Criteria 1:**

**Selection Criteria 2:**

**Selection Criteria 3:**