**Ramsay Health Care WA Undergraduate Scholarship**

**Application Form**

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| All sections on the application form must be completed and supporting documentation must be provided where indicated otherwise the application may not be considered. | | | | | | | | | | |
| **Applicant Details** | | | | | | | | | | |
| Student No: | |  | First Name: |  | | Surname: | | | |  |
| Home Phone: | | | | | Mobile: | | | | | |
| Please ensure that your correspondence address details are updated on SIMO | | | | | | | | | | |
| 1. Are you an Australian Citizen, Australian Permanent Resident or a New Zealand Citizen? | | | | | | | | Yes  No – you are ineligible for this scholarship | | |
| 1. Are you enrolled in the Bachelor of Science – Nursing | | | | | | | | Yes  No – you are ineligible for this scholarship | | |
| 1. What year of your course are you enrolled in? | | | | | | | | 2nd Year  3rd year | | |
| **Please identify your living situation** | | | | | | | | | | |
| Single (living with parents/guardians/family members) | | | | | | | |  | | |
| Single (living away from home/financially supported by parent/guardian | | | | | | | |  | | |
| Single(living away from home/financially independent) | | | | | | | |  | | |
| Single with dependants | | | | | | | |  | | |
| Partnered with no dependants | | | | | | | |  | | |
| Partnered with dependants | | | | | | | |  | | |
| Other (please describe) | | | | | | | |  | | |
| **Financial Circumstances** | | | | | | | | | | |
| 1. What is your personal or family income per fortnight?   (family income should be provided by those living with a partner or those supported by parents/family) | | | | | | | | | | |
| Salary/Wages (gross) | | | | | | | | | $ | |
| Assistance from family | | | | | | | | | $ | |
| Child Support | | | | | | | | | $ | |
| Other (e.g. shares, investments, bank interest, etc.) | | | | | | | | | $ | |
| 1. What are your gross average fortnightly expenses? | | | | | | | | |  | |
| Rent  Board  Mortgage | | | | | | | | | $ | |
| Food/Groceries | | | | | | | | | $ | |
| Phone, Power, Utilities | | | | | | | | | $ | |
| Transport (Transperth), car costs including insurance, etc. | | | | | | | | | $ | |
| Childcare | | | | | | | | | $ | |
| Loan Repayments | | | | | | | | | $ | |
| Incidentals/Other | | | | | | | | | $ | |
| 1. Are you personally in receipt of a means tested allowance from Centrelink or the Department of Veterans Affairs and/or are you a holder of a valid current pension or Health Care Card?     b. complete the Centrelink Consent form and attach to your  Application or provide a copy of your DVA details. | | | | | | | | | Yes –  Complete Q7b  No – complete Q8 | |
| 1. If you are not in receipt of a Centrelink allowance please provide the reason/s you do not qualify for Centrelink | | | | | | | | | | |
| 1. **Personal Statement**   Please attach the following to your completed application form   * A short statement advising how the scholarship will assist you * A reflective essay (1000 maximum) about your experience of linking the Ramsay Health Care values with your clinical practise, with a focus on patient outcomes, quality and safety in nursing practice and service delivery. | | | | | | | | | | |
| 1. **Checklist** – Please tick to indicate that you have attached the following supporting documentation to this application form. Failure to provide supporting documentation may affect you receiving a scholarship offer. | | | | | | | | | | |
|  | Evidence of Citizenship or Residency as per Q1 | | | | | | | | | |
|  | Statement and Essay | | | | | | | | | |
|  | Evidence of Financial Hardship   * For Centrelink customers in receipt of a means tested Centrelink Allowance * Centrelink or DVA documents as per Q7 * For Non Centrelink customers (applicants not in receipt of a means tested Centrelink Allowance) * Copy of the most recent Tax notice * Wage slips covering latest 4 week’s salary * Please note that we will require proof of income for your household, so include the above documentation for partners / parents etc. | | | | | | | | | |
| 1. **Student Declaration**   I declare that the information I have supplied within this application is true and correct to the best of my knowledge. I understand if any false or misleading information is provided it could lead to the cancellation of my scholarship. I also understand giving false or misleading information is a serious offence under the Criminal Code.  I consent to the disclosure of relevant information for the selection process of this scholarship | | | | | | | | | | |
| Signature of Applicant: | | | | | | | Date: | | | |
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