**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?
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| 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

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| 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.
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| 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.
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| [ ]  | 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.
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| 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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