

**Bachelor of Clinical Practice (Paramedic)
Bachelor of Clinical Practice (Paramedic) /
Bachelor of Nursing**

Supplementary Information Form 2012

Personal information

UAC number: _____

Last name: (block letters) _____

Other names: _____

Address: _____

Home phone number: _____

Date of birth: _____

Which course are you applying for:

Bachelor of Clinical Practice (Paramedic)

Bachelor of Clinical Practice (Paramedic) / Bachelor of Nursing.....

Important information:

- We recommend that you put one of the above courses as your 1st preference on your UAC application
- Please use DARK BLUE or BLACK pen to complete this form; do not use pencil or red pen.
- Attach only those documents requested (other documents will be discarded); all photocopies must be A4 size;
- DO NOT send originals of any documents as they will not be returned
- No faxed or emailed material will be accepted without prior authorisation

PLEASE NOTE: We do not acknowledge receipt of documents

Education and training

1. Are you completing Year 12 in 2011?

Yes No

a. If you completed Year 12 in 2011 please attach certified copy of your most recent school report.

b. If you are not completing year 12 in 2011, what is the highest level of secondary education you have successfully completed:

Less than year 10

Year 10

Year 11

Year 12 year _____

c. If you completed year 12 which of the following subject areas did you study?

Biology

General science

Chemistry

Physics

Health & physical education

Maths

2. Please complete the following table with details of any relevant short courses, TAFE or university studies. This should include first aid courses, medical terminology short courses.

Year	Name of institution/organisation	Course/qualification	If incomplete give stage reached

** We do not need copies of certificates or academic transcripts but we may request copies at a later date.

3. Have you undertaken work with any community service organisation, health care agency or have other relevant work experience?

Yes No

Please provide details in the table below:

Name of the organisation	Nature of work and your role	Length of time involved

4. Have you undertaken any first aid duties in either a voluntary or paid capacity? (i.e. St John Ambulance, Red Cross, SES, Rural Fire Service, Surf Life Saving, Ski Patrol, pool lifeguard)

Yes No

Please provide details in the table below:

Name of the organisation/employer	Paid/voluntary	Length of time involved	Type of work/activities

In completing this application, I have / have not (circle the one which applies to you) had help in preparing my answers to these questions. If you have had help, indicate here all of the people who have given you assistance.

I certify that all information provided on this Additional Information Form are true and complete to the best of my knowledge.

Signature ----- Date -----

Please return this Additional Information Form by 3 December 2011 to:

Admin
Biomedical Sciences
School of Biomedical Science
Charles Sturt University
Locked Bag 588
Wagga Wagga, NSW. 2678