



**ADDITIONAL INFORMATION FORM**  
**Faculty of Health Studies**  
**2010**

Office Use Only:	Overall Rating: _____
	Recommendation: _____
	_____

**Please note:**

- **Do not** send the original of any documents with this application as they will not be returned.
- **ONLY** attach most recent School Reports.
- **Do not** include any folders or plastic material.
- All photocopies to be A4 size.
- No **faxed** material will be accepted (unless prior authorisation given by Course Coordinator).
- Any additional **unrequested** material **will not be** considered in application.

UAC NUMBER: \_\_\_\_\_

SURNAME: (Block Letters) : \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone contact number: ( ) \_\_\_\_\_ (BH/AH)

Bachelor of Clinical Science	Please indicate your UAC application preference: <input type="checkbox"/>
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**A. AREA OF INTEREST** (please enter priority).

**Dentistry**       **Medicine**       **Other (Specify)**

**B. RURAL ENTRY:**

Only applicants seeking eventual entry to dentistry or medicine on the basis of rural entry need to complete this section. (Certified documentation will be required to support a positive response when eventually applying for dentistry or medicine).

Did you reside in a rural area for at least 5 years (consecutive or cumulative) from the commencement of primary school? (Please tick)     Yes     No

Please specify those centres and their postcodes \_\_\_\_\_  
 \_\_\_\_\_

**C. EDUCATION DETAILS**

- Current HSC Students ONLY: Attach most recent Year 12 Report.

**UNIVERSITY DETAILS**

To be completed if you have **completed Year 12 and are studying at university this year**

University Name \_\_\_\_\_

Course Name \_\_\_\_\_

Please attach (to this page) certified copies of the following:

1. Your official Year 12 results
2. Your official UAI/ENTER/TER/TEE/OP/Other statement
3. All university results, including your GPA

**DO NOT ATTACH ORIGINAL COPIES OF REPORTS/CERTIFICATES**

**D. ACADEMIC INFORMATION**

To be completed **if you have gained university qualifications**

**COMPLETED UNIVERSITY STUDIES**

Degree	University	Year Commenced	Year Completed

Please attach (to this page) a certified copy of your final academic transcript, including GPA

**E. DECLARATION**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please forward (via postage) this Additional Information Form by **30 November 2009** to:

Dr Debbie Burton  
 Course Coordinator, Clinical Sciences  
 School of Biomedical Sciences  
 Charles Sturt University  
 346 Leeds Pde  
 ORANGE NSW 2800

For clarification or assistance, please contact:

Dr Debbie Burton  
 Phone: (02) 6365 7828  
 Email: dburton@csu.edu.au



