



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.
- 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).
- Current Year 12 students are not required to complete this form and it will not be considered

ATAR NUMBER: \_\_\_\_\_  
SURNAME: (Block Letters) \_\_\_\_\_  
OTHER NAMES: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_  
Telephone contact number: ( ) \_\_\_\_\_ (BH/AH) Date of Birth: \_\_\_\_\_

Bachelor of Health and Rehabilitation Science <input type="checkbox"/>	Please indicate your ATAR application preference: <input type="checkbox"/>
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**A. EDUCATION DETAILS**

For applicants other than current HSC students: Attach post-secondary (eg TAFE, University) results/transcripts/statements of attainment/reports.

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

**B. OTHER EXPERIENCE (Please circle correct answer)**

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

**Yes No**

If yes, please outline (on a separate page) the name/s of the organisation/s, the nature of work, timeframes, your role in the organisation/s and describe the relevance of this experience in to working in the field of health and rehabilitation. Only periods of paid employment of one year or more will be considered. This includes continuous employment with one employer or periods of employment undertaking the same job with different employers. You must supply statement(s) of service on the employer's official stationery ideally stating: job title; period served including start and end date, hours worked, part time/full time; major tasks required in the job.

**C. ESSAY**

1. Please attach a two page essay (typed, double spaced in Times New Roman, font size 12)(the footer should contain your full name and page numbers in X of Y format) that discusses the challenges of working in the area of health and rehabilitation in a rural setting.
2. In answering 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.

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**D. 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 post) this Additional Information Form at the same time as you apply to:

Course Coordinator  
Bachelor of Health and Rehabilitation  
The Cedar  
School of Community Health  
Charles Sturt University  
PO Box789  
Albury NSW 2640

For clarification or assistance, please contact:

Email: [health&rehab@csu.edu.au](mailto:health&rehab@csu.edu.au)

Andree Pender  
School Secretary  
School of Community Health  
02 6051 6820

**B.**