



Office Use Only:	Overall Rating: _____
	Recommendation: _____
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**Please note:**

- Do not send the original of any documents with this application as they will not be returned.
- **ONLY** attach most recent School Report.
- 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).
- All listed qualifications and experiences must be verified by a Justice of the Peace.

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

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

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

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

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

Telephone contact numbers: (BH ) \_\_\_\_\_ (AH) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

For which Course/s are you applying? (Please tick)

Bachelor of Clinical Practice (Paramedic)

Bachelor of Clinical Practice (Paramedic)

Accelerated Paramedic Pathway Program with Ambulance Service of NSW

Bachelor of Nursing/Bachelor of Clinical Practice (Paramedic)

Please tick which area applies to you:

I reside in a rural area with a population of < 50,000

I reside in an urban / metropolitan area with a population of > 50,000

**A. EDUCATION DETAILS**

1. Please list any relevant short courses you have completed, as well as TAFE or University courses or subjects you may have commenced or completed (this information may not apply to school leavers). If you have completed any CSU subjects as an Associate Student, please list your CSU student number. All information provided must be supported by certified copies of transcripts or certificates awarded.

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2. Please attach evidence of individual subjects studied during Year 12 (if applicable), showing results obtained. Applicants who have completed the HSC or equivalent in previous years should provide a copy of results achieved in individual subjects. Please indicate if you have completed any biology / chemistry subjects at school and in what years.

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

1. 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 caring for people in a pre-hospital environment.

2. Do you hold a current First Aid Certificate?

**Yes                  No**

If yes, please attach a certified copy of the original certificate.

3. Have you completed a medical terminology course?

**Yes                  No**

If yes, please attach a certified copy of the original certificate.

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**

If yes, please provide details of this experience. References are encouraged.

**C. REFLECTIONS**

1. What aspects of your personality do you believe will make you well suited to the job of an Ambulance Paramedic? (Please avoid describing skills such as the ability to learn, past medical training etc. We would like you to focus on your personality and how it is particularly suited for this type of work).

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2. Please describe what you believe a typical day as an Ambulance Paramedic would be like.

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3. What do you think you would like **most** about this type of work?

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4. What do you think you would like **least** about this type of work?

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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 by **Monday, 14 December, 2009** to:  
Ms Veronica Madigan  
Pre Hospital Care Course Coordinator  
School of Biomedical Sciences  
Charles Sturt University  
BATHURST NSW 2795

For clarification or assistance, please contact:

Veronica Madigan  
Email: vmadigan@csu.edu.au