

# AUSTRALIAN ROTARY HEALTH INDIGENOUS HEALTH SCHOLARSHIP 2012



Forward Application Form to:  
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Australian Rotary Health Indigenous Health Scholarship  
PO Box 3455 Parramatta 2124

Internet: [www.australianrotaryhealth.org.au](http://www.australianrotaryhealth.org.au)

**Closing date for applications: Friday 17<sup>th</sup> February, 2012**

**PLEASE DO NOT RETURN THIS PAGE WITH YOUR APPLICATION**

# AUSTRALIAN ROTARY HEALTH INDIGENOUS HEALTH SCHOLARSHIP



## OBJECTIVE

The object of this program is:

- to provide a scholarship, which can be used to assist Indigenous students to undertake a course in a wide range of health related professions;
- to assist students to gain an education which will in turn enable them to use this education for the benefit of other Indigenous people in some of our remote areas;
- with the intention of training doctors to work amongst other Indigenous people, but the scope of the scheme has enlarged to permit the training, firstly of nurses, and now other health related profession.

## ELIGIBILITY

To be eligible for the scholarship applicants must:

- Be of Aboriginal or Torres Strait Islander origin or both. For the purposes of this application, an Aboriginal or Torres Strait Islander is someone who identifies as being of Australian Aboriginal or Torres Strait Islander origin and is accepted as such by the community in which he or she has lived. Applicants will be asked to provide a letter from an Aboriginal or Torres Strait Islander organisation or community supporting their claim;
- Be undertaking and enrolled in an appropriate approved medical or health related degree.

## VALUE OF THE SCHOLARSHIP

Successful students will receive a \$5,000 scholarship per year (while receiving the scholarship), \$2,500 will be paid in each semester. The program is a co-operative program between the Australian Rotary Health Research Fund, Rotary clubs, some State or Territory Governments and the Commonwealth Government.

## SELECTION CRITERIA

Scholarships will be awarded on the recommendation of the selection committee and will be based on the following criteria:

- The proposed course of study should be of significant benefit to the needs of the Aboriginal community
- Preference will be given to applicants:
  - a. Gaining first tertiary qualification (not additional qualification)
  - b. Who have already completed successfully at least first year of tertiary education or any part of the stated course
  - c. Community involvement by an applicant will be taken into consideration

Applicants will also be asked to provide details of past/present studies, work experience, awards, personal development work, career path and any involvement in Aboriginal and/or Torres Strait Islander communities.

## ACKNOWLEDGEMENT

All applicants, whether they are successful or unsuccessful, will be notified by mail. For further information please contact Cheryl Deguara, Australian Rotary Health Indigenous Health Scholarship, PO Box 3455, PARRAMATTA, NSW 2124  
Email: [cheryldeguara@australianrotayhealth.org.au](mailto:cheryldeguara@australianrotayhealth.org.au) Phone: 02 8837 1900

# AUSTRALIAN ROTARY HEALTH INDIGENOUS HEALTH SCHOLARSHIP



## Application Form

The Australian Rotary Health understands and respects your right to privacy. The personal information contained in this application is confidential and will only be used for the purpose of the Australian Rotary Health Indigenous Health Scholarship.

The information may be disclosed to and area in the Department Health/Department of Human Services/Commonwealth Department of Health and Ageing portfolios that are interested parties in your Scholarship.

### PERSONAL DETAILS:

**Family Name:** .....

**Given Names:** .....

**Title:**  Mr  Mrs  Ms  Miss  Others

Are you of Aboriginal or Torres Strait Islander origin?

- No  Yes, Aboriginal  
 Yes, Torres Strait Islander  Yes, Both

***Please provide confirmation documentation***

**Home Address:** .....

..... **P/C** .....

**Phone:** ..... **Mobile:** .....

**Fax:** ..... **Email:** .....

**Date of Birth:** ...../...../.....

**Student Number:** .....

**University Attending:** .....

**Program Details:** In which program of study and year are you enrolled in **2012?**

(e.g. Medicine 3<sup>rd</sup> Year) .....

**Expected Year of Completion of course** .....

**Are you in receipt of any other Scholarship/Grant?** If **YES**, please state name, amount and term of Scholarship.

.....

.....

**CURRICULUM VITAE:**  (Attachment)

**SUPPORTING DOCUMENTATION:**  (Attachment)

Transcripts of all tertiary studies currently and previously undertaken to support your Curriculum Vitae.

**ESSAY:**  (Attachment)

Complete a 500-word (maximum) essay, double spaced and single sided, addressing the following topic: ***“How will you contribute to improving Indigenous health as a qualified medical practitioner or health worker?”***

**REFEREES:**  (Attachment)

- Please nominate **TWO** referees with contact details.
- Your referees are to submit a **written reference** that should comment on your work and/or academic study and your contact with and the understanding of Aboriginal and/or Torres Strait Islander Peoples’ and societies.
- At least **ONE** referee should comment on your Aboriginality. This referee must be an Aboriginal or Torres Strait Islander person (preferably employed by the proposed institute of study or an incorporated Aboriginal or Torres Strait Islander organisation.)
- **Both referee’s report must be sent in with this application.**

**DECLARATION – Applicant must sign**

I declare that:

I am of Australian Aboriginal or Torres Strait Islander descent, or both.

I identify as an Australian Aboriginal or Torres Strait Islander; and am accepted as such by the community in which I live or have lived.

- I declare that the information provided above is true and correct and authorise the University I am attending to obtain any documentation and/or results referred to for the purpose of this application.

Signature of Applicant: ..... **Date:** .....

Signature of Witness: ..... **Date:** .....

Name of Witness (Please Print): .....

***Please post completed Application Form to  
Australian Rotary Health Indigenous Health Scholarship  
PO Box 3455, PARRAMATTA NSW 2124***