Elective Scholarship Application Form

The closing date for applications is 31 August each year.

Applications should be submitted (if in paper copy) to:
Scholarships Officer (Student Affairs),
The University of Western Australia
M501, Faculty of Medicine, Dentistry and Health Sciences
35 Stirling Highway, Crawley WA 6009

Or e-mailed to: electives-fmdhs@uwa.edu.au

This form is to be used for applications for the following Elective Scholarships (only)

- P.F. Sobotka Undergraduate Scholarship
- Davis Undergraduate Scholarship in Palliative Care
- Harold McComb Elective Scholarship
- Phyllis Levine Elective Scholarship
- Mary Horsfall Elective Placement Scholarship
- WAMSS Elective Placement Travel Scholarship

You can apply for more than one on the same form, however, a separate statement addressing specific criteria under each Scholarship may be required, as indicated by *. See page 2 for more details.

APPLICANT DETAILS

1. Family Name: 

2. Given Names: 

3. Title: Mr ☐ Miss ☐ Ms ☐ Mrs ☐ Dr ☐

4. Student Number: 

5. BANKING DETAILS – if your application for an Elective Scholarship is successful, you will be paid via direct debit. Therefore, the EFT Details Form must also be included with this application. (Available on the Elective Scholarship website).

6. APPLICATION

I wish to apply for the following Scholarship (more than one may be ticked):

<table>
<thead>
<tr>
<th>Sobotka</th>
<th>Davis*</th>
<th>McComb*</th>
<th>Levine*</th>
<th>Horsfall*</th>
<th>WAMSS*</th>
</tr>
</thead>
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Office of Student Affairs
M501, Faculty of Medicine, Dentistry and Health Sciences
35 Stirling Highway
Crawley WA 6009
T +61 8 6488 4726
F +61 8 6488 4848
E electives-fmdhs@uwa.edu.au
www.meddent.uwa.edu.au

CRICOS Provider Code: 00126G
Courier: CTEC Building, Hackett Entrance #2 UWA
7. PROPOSED ELECTIVE

The name of the Hospital/Centre and location where elective is to be undertaken:

8. STATEMENT

As part of the selection process you will be required to submit with your application a 1-2 page typed A4 personal statement, including relevant personal or professional experience, and the purpose of the elective at the selected destination. You should also write about the benefits you expect to gain from the placement; for the community, the Faculty and the likely benefit of the placement to your future skills as a medical clinician.

*Specific Scholarships require additional information to be included in the personal statement, separated under Scholarship headings, should you wish to apply for more than one Scholarship:

- Davis – demonstrate a particular interest in palliative care including relevant personal or professional experience and the aims of the elective at the destination they have selected;
- McComb - undertake an elective placement in a Centre assisting those with special needs either in a developing country or in Aboriginal or Torres Strait Islander health in Australia;
- Levine – the placement must be in field of Aboriginal or Torres Strait Islander health.
- Horsfall – the placement must be in China or other Asian countries only
- WAMSS – statement indicating financial hardship

9. DECLARATION

I authorise The University of Western Australia to obtain from any other educational institutions and relevant authorities at any time details of my enrolments, academic results and performance in connection with my application.

I declare that the information supplied by me on this form and any attachments is complete, true and correct in every particular.

Signature: ___________________________ Date: ___________________________