UNIVERSITY OF WOLLONGONG AUSTRALIA

INDIGENOUS ADMISSIONS APPLICATION & PORTFOLIO 2018 for 2019

Direct applications should be submitted to UOW GM by **5:00 PM AEST Friday, 17th August 2018**: md-enquiries@uow.edu.au

Include your full name in the subject line of your email.

Evidence of Aboriginal or Torres Strait Islander descent should be demonstrated by one of the following forms of proof of identity:

- *Letter of support from an official Aboriginal or Torres Strait Island organization such as land council, community council, legal or medical service or from ASPAA (Aboriginal student and parent awareness association).*
- *Proof of previous eligibility for Abstudy payments will also be accepted;*
- *This documentation must be viewed by the Academic Leader: Admissions & Selection and the Director of Teaching and Learning*

Personal Details

Last Name		First Name		Middle Name	
Preferred First Name		Gender	◯ Male ◯ Female	Date of Birth *(dd/mm/yyyy)*	
Country of Birth		Country of Residency		Citizenship	

Contact Details

Address *(Number & Street)*							
Town/Suburb		State		Postal/ Zip Code		Country	
Phone No. *(Country Code & Area Code)*		Mobile					
Email							

Academic Details

Most recent Undergraduate qualification *(eg. Bachelor of Science)*					
Conferring Institution					
City		Country		Year Completed	
				OR Expected Completion Date *(dd/mm/yyyy)*	

If your Bachelors' degree is greater than ten years old you must contact the GM to discuss your application prior to the closing date and may be required to provide further information to show evidence of the currency of your academic skills. This will be assessed on a case by case basis.

Highest Postgraduate qualification *(eg. Masters, PhD)*					
Conferring Institution					
City		Country		Year Completed	
				OR Expected Completion Date *(dd/mm/yyyy)*	

Please provide scanned copies of all of your academic transcripts or electronic results records and attach to your application email. This includes transcripts for exchange or transferred credits that may contribute to your degree.

Have you ever been under exclusion from any university? ◯ Yes ◯ No

Have you ever been enrolled or are you currently enrolled in another medical degree? ◯ Yes ◯ No

If you answered YES then please provide further details *(maximum length 1000 characters)*

Heritage Details

I am one of the following:
(supporting documentation must be provided as described above)

◯ Australian Aboriginal descent
◯ Torres Strait Islander descent
◯ Both Aboriginal and Torres Strait Islander descent

Please list the community you identify with

GAMSAT Details

GAMSAT ID			Section 1	Section 2	Section 3	Total
Test Date *(dd/mm/yyyy)*		**GAMSAT Scores**				

University of Wollongong - Graduate School of Medicine

ADMISSIONS APPLICATION PREFERENCES

First Name		Last Name	
GAMSAT ID		Email	

Place Type Preference

The Department of Education Science and Training (DEST) has allocated a quota of 72 Commonwealth supported places to the UOW MD programme. The Commonwealth Department of Health has advised a sub quota allocation of approximately eighteen (18) Bonded Medical Places (BMP). The rest are allocated as non-bonded Commonwealth Supported Places (CSP). This form is your only opportunity to rank your preference for the type of place you would like to be offered. Please indicate your preferences of place type by ranking them below (1 being your highest preference). If you do not wish to be considered for a place type under any circumstances please indicate NO against that place type.

Bonded Medical Place (BMP)	
Commonwealth Supported Place (CSP)	

It is important that you access all available information regarding place types before making your selection.
The following websites may assist you with information regarding place types.
BMP: www.health.gov.au/internet/main/publishing.nsf/Content/work-st-bmp

Campus Preference

The Graduate School of Medicine is committed to producing medical graduates with a focus on regional, rural and remote communities. Only 28 students will have the unique opportunity for a full time, authentic, rural medical education experience at the University's Shoalhaven campus, in Nowra for Phase 1. Another 56 students will be allocated to the larger regional campus in Wollongong for Phase 1. This form is your opportunity to rank your preference for the campus you would like to be offered, however you may change this preference up until October. Your campus preference will not influence your chances of gaining an offer of a place following interview. Your campus preference and special consideration (if submitted) will be considered but not guaranteed. Final offers will be made for a specific campus and are not transferable. Please indicate preferred campus below.

◯ My preference is allocation to SHOALHAVEN CAMPUS for Phase 1

If you wish to submit special consideration in support of your SHOALHAVEN preference please provide details AND attach supporting documentation.

◯ My preference is allocation to WOLLONGONG CAMPUS for Phase 1

If you wish to submit special consideration in support of your WOLLONGONG preference please provide details AND attach supporting documentation.

◯ I have no preference for campus allocation for Phase 1.

ADMISSIONS PORTFOLIO 2018 for 2019

INDIGENOUS APPLICANTS

First Name | Last Name

GAMSAT ID | Email

Leadership

1

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

2

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

3

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

4

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

5

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

ADMISSIONS PORTFOLIO 2018 for 2019

INDIGENOUS APPLICANTS

First Name | Last Name

GAMSAT ID | Email

Capacity to Work With Others

1

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

2

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

3

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

4

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

5

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

ADMISSIONS PORTFOLIO 2018 for 2019

INDIGENOUS APPLICANTS

First Name | Last Name

GAMSAT ID | Email

Service Ethic

1

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

2

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

3

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

4

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

5

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

ADMISSIONS PORTFOLIO 2018 for 2019

INDIGENOUS APPLICANTS

First Name | Last Name

GAMSAT ID | Email

Diversity of Experience

1

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

2

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

3

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

4

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

5

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

ADMISSIONS PORTFOLIO 2018 for 2019

INDIGENOUS APPLICANTS

First Name | Last Name

GAMSAT ID | Email

High Level of Performance in an Area of Human Endeavour

1

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

2

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

3

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

4

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

5

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

ADMISSIONS PORTFOLIO 2018 for 2019

INDIGENOUS APPLICANTS

First Name | Last Name

GAMSAT ID | Email

Academic Experience

1

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

2

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

3

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

4

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

5

Name & Address of Organisation | Postal/ Zip Code

Activities

Position Title | Start Date | End Date | Approx Hours | Per: Week Month Year Total

Who can we contact to verify? Full Name | Position

Phone No. | Email

University of Wollongong - Graduate Medicine

ADMISSIONS RURAL RESIDENCY & SCHOOLING FORM

First Name | Last Name

GAMSAT ID | Email

The UOW GM is committed to producing medical graduates with a focus on regional, rural and remote communities, giving preference to students who can demonstrate ties to such locations. Please check the Admissions Portfolio guidelines and use the following website to assist in completing this form: http://www.doctorconnect.gov.au/internet/otd/Publishing.nsf/Content/locator

Question 1: Did you complete the majority of your **primary school education** in a regional / rural area in Australia?
(As defined by the Australian Standard Geographical Classification - Remoteness Area ASGC-RA 2 to 5)

◯ No, I did not complete the majority of primary school in an ASGC-RA 2-5 area. Proceed to Question 2

◯ Yes, I did complete the majority of primary school in an ASGC-RA 2-5 area. Complete details below

School name & address

Town/Suburb | State | School postcode

School phone

Dates attended | to

ASGC-RA code ◯RA-2 ◯RA-3 ◯RA-4 ◯RA-5

Question 2: Did you complete the majority of your **secondary school education** in a regional / rural area in Australia?
(As defined by the Australian Standard Geographical Classification - Remoteness Area ASGC-RA 2 to 5)

◯ No, I did not complete the majority of secondary school in an ASGC-RA 2-5 area. Proceed to Question 3

◯ Yes, I did complete the majority of secondary school in an ASGC-RA 2-5 area. Complete details below

School name & address

Town/Suburb | State | School postcode

School phone

Dates attended | to

ASGC-RA code ◯RA-2 ◯RA-3 ◯RA-4 ◯RA-5

Question 3: Did you complete the majority of your **tertiary education** in a regional / rural area in Australia?
(As defined by the Australian Standard Geographical Classification - Remoteness Area ASGC-RA 2 to 5)

◯ No, I did not complete the majority of tertiary education in an ASGC-RA 2-5 area. Proceed to Question 4

◯ Yes, I did complete the majority of tertiary education in an ASGC-RA 2-5 area. Complete details below

University name & address

Town/Suburb | State | University postcode

University phone

Dates attended | to

ASGC-RA code ◯RA-2 ◯RA-3 ◯RA-4 ◯RA-5

University of Wollongong - Graduate Medicine

ADMISSIONS RURAL RESIDENCY & SCHOOLING FORM

First Name | Last Name

GAMSAT ID | Email

The UOW GM is committed to producing medical graduates with a focus on regional, rural and remote communities, giving preference to students who can demonstrate ties to such locations. Please check the Admissions Portfolio guidelines and use the following website to assist in completing this form: http://www.doctorconnect.gov.au/internet/otd/Publishing.nsf/Content/locator

Question 4: Did you reside in a regional / rural area of Australia for **at least 5 years** (consecutive or cumulative) from commencement of primary school, that is commencement of school at about the age of 5 years?
(A regional or rural area as defined by the Australian Standard Geographical Classification - Remoteness Area ASGC-RA 2 to 5)

◯ No, I have not resided in an ASGC-RA 2-5 area for more than 5 years. Proceed to checklist on next page.

◯ Yes, I have resided in an ASGC-RA 2-5 area for more than 5 years. Complete details below

Main location (full address)

Dates resided to ASGC-RA code ◯RA-2 ◯RA-3 ◯RA-4 ◯RA-5

Other location (full address)

Dates resided to ASGC-RA code ◯RA-2 ◯RA-3 ◯RA-4 ◯RA-5

Other location (full address)

Dates resided to ASGC-RA code ◯RA-2 ◯RA-3 ◯RA-4 ◯RA-5

Other location (full address)

Dates resided to ASGC-RA code ◯RA-2 ◯RA-3 ◯RA-4 ◯RA-5

Other location (full address)

Dates resided to ASGC-RA code ◯RA-2 ◯RA-3 ◯RA-4 ◯RA-5

If you answered "yes" to any of the above rurality questions you WILL be required to provide additional supporting evidence (this should be scanned and attached to your email). Please see the guidelines for submission for more information.
If you are selected for interview you will be required to bring originals.
The GM reserves the right to check your details with any schools or institutions listed.

University of Wollongong - Graduate of Medicine

ADMISSIONS APPLICATION CHECKLIST

First Name | Last Name

GAMSAT ID | Email

Please complete the checklist below to ensure your application is complete and will be processed.

- [ ] I have completed all my personal and contact details on the front page of the form
- [ ] I have completed the details of my most recent undergraduate degree and highest postgraduate degree
- [ ] I have completed the details of my GAMSAT results (if available)
- [ ] I have completed all applicable sections of my portfolio and included verifiers for activities
- [ ] I have completed all applicable sections of the rurality form including full addresses and ASGC-RA codes if relevant

SAVE a copy of this PDF document on your computer.
Please open your email client and create a new email to the UOW portfolio email address: md-enquiries@uow.edu.au
It may be wise to Cc the email to yourself for record keeping.

Address your email subject line as follows: "<First name> <LAST NAME> portfolio". For example, your subject line may look like:

Lyndal PARKER-NEWLYN portfolio

If you need to send more than one email due to the number of attachments, then address the second one with the same heading and "portfolio 2" and "portfolio 3" and so on. This will greatly assist our application processing. Ensure all are received by the closing date.

You will now need to attach the following documents to your email.

- [ ] Your completed UOW GM Admissions form (this document)
- [ ] Scanned copies of all academic transcripts (or electronic statements of results for incomplete courses)
- [ ] Scanned copies of your GAMSAT results notification (if available)
- [ ] Scanned copies of any verification documents to prove your rurality status (see guidelines for more information)
- [ ] Scanned copies of supporting heritage documents

Conditions of application:
Any incomplete or incorrect forms will not be considered.
Any applicants found to be making deliberately false or misleading statements will be removed from the process.

- [ ] Yes, I understand the above conditions and declare the information I have provided to be true and correct

Date

When this checklist is complete and email is sent - your application is ready for proccessing. Good luck!