2020 Aboriginal Health Practitioner Scholarship – Application Form

February 2020

Note: Throughout this document the term Aboriginal should be taken to include Torres Strait Islander people.

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# Applicant Details

**Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Given names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Residential Address:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: Personal mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Gender:** |  | Male |  | Female |  | Other |

**Are you a Northern Territory resident?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**Are you of Aboriginal and/or Torres Strait Islander descent?**

|  |  |
| --- | --- |
|  | Yes – I am Aboriginal and/or Torres Strait Islander descent. |
|  | No – I am not of Aboriginal and/or Torres Strait Islander descent.  *If you ticked ‘No’, you are not eligible for this scholarship.* |

**Where you are from? (cultural identity)**

**Your mob/clan/Nation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Language group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Land and/or Water: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Certificate IV Aboriginal &/or Torres Strait Islander Primary Health Care (Practice) - HLT 40213

**Are you currently enrolled to undertake the *HLT40213* *Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)?***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**If No, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If currently enrolled, who is the Course Provider?**

|  |  |
| --- | --- |
|  | Batchelor Institute |
|  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Mode of Study**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Fulltime |  | Part time |

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When did you commence OR plan to commence the HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)?**  / /

**When do you expect to finish the HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)?**  / /

# Employment Status

**Are you currently employed?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**If Yes – please provide details of your employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If Yes - how is your employer supporting you to undertake the Certificate IV Aboriginal &/or Torres Strait Islander Primary Health Care (Practice), HLT 40213 study requirements – please tick one or more of following:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Study Leave |  | Tutoring Assistance |
|  | Clinical Placement arranged |  | Fees Payment |
|  | Unpaid Study Leave |  | Paid to study i.e trainee |
|  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**If Not currently employed - please tick one of the following:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not employed and on Abstudy |  | Casual or part time work and on Abstudy |
|  | Other :e.g. Centrelink \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**This qualification requires clinical placement(s) – do you have a placement arranged?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | Not sure |

**If Yes – please provide details of the placement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# About any other funding you are receiving

**Have you applied for any other funding to support your studies?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**If Yes - please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you find out about the Scholarship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Written Statement

Applications will be considered on merit.

To help us gain a better understanding of your needs and to ensure your application is considered please complete all details and answer all the questions below:

**Note:** If you are handwriting this application, please ensure the information is legible.

1. **Why did you choose to study this qualification?**

|  |
| --- |
|  |

1. **How will this scholarship help you?**

|  |
| --- |
|  |

1. **What barriers do you think you will face whilst studying? What strategies would you put in place to overcome these barriers?**

|  |
| --- |
|  |

1. **What is your understanding and/or experience of health issues facing Aboriginal people in the Northern Territory?**

|  |
| --- |
|  |

# Referees

Please provide contact details of two people that the Scholarship Panel can contact to get references. Referees will be contacted to provide comments.

**1st Preferred Referee name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Referee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known the Referee? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email and phone contact: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd Preferred Referee name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Referee**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

How long have you known the Referee? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email and phone contact: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Declaration

I hereby declare that all information supplied in this application is true and correct and I am of Aboriginal and/or Torres Strait Islander descent.

I understand my obligation to immediately inform the Aboriginal Workforce Development Unit in writing via email [AWD.DoH@nt.gov.au](mailto:AWD.DoH@nt.gov.au) of any changes to my circumstances relating to my Certificate IV Aboriginal &/or Torres Strait Islander Primary Health Care (Practice) studies.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ …../……/**

**Applicant’s Signature Date**

**Send your application to:**

ABORIGINAL WORKFORCE DEVELOPMENT, NT DEPARTMENT OF HEALTH

Via email: [AWD.DoH@nt.gov.au](mailto:AWD.DoH@nt.gov.au) OR post to PO Box 40596, Casuarina NT 0811.

**Applications must be received by 4pm Monday 9 March 2020**

# Checklist for Applicants

This checklist will help you complete your application.

The Scholarship assessment panel will only consider applications with all items completed.

Applicant Name: ………………………………………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| **Item** | **What I need to do** | **Completed** |
| 1. **Application Form** | Have I completed all sections of the application form? |  |
| Have I signed the declaration at the end of the application form? |  |
| 1. **Written Statement** | Have I completed a written statement in response to the criteria? |  |
| 1. **Referees** | Have I included contact details of two people that are able to provide a reference? |  |
| 1. **Resume/Curriculum Vitae** | Have I attached my resume/curriculum vitae to the application? |  |