

ADMISSIONS PORTFOLIO 2009 for 2010

UNIVERSITY OF WOLLONGONG

Graduate School of Medicine

Submit before: 4:00 PM Friday, 5th June 2009 (see guidelines for instructions on how to complete this form)

Domestic & International Applicants

First Name	<input type="text"/>	Preferred First Name	<input type="text"/>	Phone No.	<input type="text"/>		
Last Name	<input type="text"/>			E-mail	<input type="text"/>		
Address	<input type="text"/>				GAMSAT ID	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	Date	<input type="text"/>
Country	<input type="text"/>						

LEADERSHIP

1

Name & address of organisation	<input type="text"/>					Postcode	<input type="text"/>					
Activities	<input type="text"/>											
Position title	<input type="text"/>	Start date	<input type="text"/>	End date	<input type="text"/>	Approx hours	<input type="text"/>	Per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name	<input type="text"/>			Position	<input type="text"/>						
	Phone No.	<input type="text"/>			E-mail	<input type="text"/>						

2

Name & address of organisation	<input type="text"/>					Postcode	<input type="text"/>					
Activities	<input type="text"/>											
Position title	<input type="text"/>	Start date	<input type="text"/>	End date	<input type="text"/>	Approx hours	<input type="text"/>	Per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name	<input type="text"/>			Position	<input type="text"/>						
	Phone No.	<input type="text"/>			E-mail	<input type="text"/>						

3

Name & address of organisation	<input type="text"/>					Postcode	<input type="text"/>					
Activities	<input type="text"/>											
Position title	<input type="text"/>	Start date	<input type="text"/>	End date	<input type="text"/>	Approx hours	<input type="text"/>	Per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name	<input type="text"/>			Position	<input type="text"/>						
	Phone No.	<input type="text"/>			E-mail	<input type="text"/>						

4

Name & address of organisation	<input type="text"/>					Postcode	<input type="text"/>					
Activities	<input type="text"/>											
Position title	<input type="text"/>	Start date	<input type="text"/>	End date	<input type="text"/>	Approx hours	<input type="text"/>	Per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name	<input type="text"/>			Position	<input type="text"/>						
	Phone No.	<input type="text"/>			E-mail	<input type="text"/>						

5

Name & address of organisation	<input type="text"/>					Postcode	<input type="text"/>					
Activities	<input type="text"/>											
Position title	<input type="text"/>	Start date	<input type="text"/>	End date	<input type="text"/>	Approx hours	<input type="text"/>	Per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name	<input type="text"/>			Position	<input type="text"/>						
	Phone No.	<input type="text"/>			E-mail	<input type="text"/>						



University of Wollongong - Graduate School of Medicine

ADMISSIONS PORTFOLIO 2009 for 2010

NAME:

GAMSAT ID:

CAPACITY TO WORK WITH OTHERS

1

Name & address of organisation Postcode

Activities

Position title	Start date	End date	Approx hours	Per	Week	Month	Year	Total
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Who can we contact to verify?

Full Name <input style="width: 95%; height: 20px;" type="text"/>	Position <input style="width: 95%; height: 20px;" type="text"/>
Phone No. <input style="width: 95%; height: 20px;" type="text"/>	E-mail <input style="width: 95%; height: 20px;" type="text"/>

2

Name & address of organisation Postcode

Activities

Position title	Start date	End date	Approx hours	Per	Week	Month	Year	Total
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Who can we contact to verify?

Full Name <input style="width: 95%; height: 20px;" type="text"/>	Position <input style="width: 95%; height: 20px;" type="text"/>
Phone No. <input style="width: 95%; height: 20px;" type="text"/>	E-mail <input style="width: 95%; height: 20px;" type="text"/>

3

Name & address of organisation Postcode

Activities

Position title	Start date	End date	Approx hours	Per	Week	Month	Year	Total
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Who can we contact to verify?

Full Name <input style="width: 95%; height: 20px;" type="text"/>	Position <input style="width: 95%; height: 20px;" type="text"/>
Phone No. <input style="width: 95%; height: 20px;" type="text"/>	E-mail <input style="width: 95%; height: 20px;" type="text"/>

4

Name & address of organisation Postcode

Activities

Position title	Start date	End date	Approx hours	Per	Week	Month	Year	Total
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Who can we contact to verify?

Full Name <input style="width: 95%; height: 20px;" type="text"/>	Position <input style="width: 95%; height: 20px;" type="text"/>
Phone No. <input style="width: 95%; height: 20px;" type="text"/>	E-mail <input style="width: 95%; height: 20px;" type="text"/>

5

Name & address of organisation Postcode

Activities

Position title	Start date	End date	Approx hours	Per	Week	Month	Year	Total
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Who can we contact to verify?

Full Name <input style="width: 95%; height: 20px;" type="text"/>	Position <input style="width: 95%; height: 20px;" type="text"/>
Phone No. <input style="width: 95%; height: 20px;" type="text"/>	E-mail <input style="width: 95%; height: 20px;" type="text"/>

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ADMISSIONS PORTFOLIO 2009 for 2010

NAME:

GAMSAT ID:

SERVICE ETHIC

1

Name & address of organisation Postcode

Activities

Position title Start date End date Approx hours Per

Who can we contact to verify? Full Name Position

Phone No. E-mail

2

Name & address of organisation Postcode

Activities

Position title Start date End date Approx hours Per

Who can we contact to verify? Full Name Position

Phone No. E-mail

3

Name & address of organisation Postcode

Activities

Position title Start date End date Approx hours Per

Who can we contact to verify? Full Name Position

Phone No. E-mail

4

Name & address of organisation Postcode

Activities

Position title Start date End date Approx hours Per

Who can we contact to verify? Full Name Position

Phone No. E-mail

5

Name & address of organisation Postcode

Activities

Position title Start date End date Approx hours Per

Who can we contact to verify? Full Name Position

Phone No. E-mail

University of Wollongong - Graduate School of Medicine

ADMISSIONS PORTFOLIO 2009 for 2010

NAME:

GAMSAT ID:

DIVERSITY OF EXPERIENCE

1

Name & address of organisation Postcode

Activities

Position title Start date End date Approx hours Per

Who can we contact to verify? Full Name Position

Phone No. E-mail

2

Name & address of organisation Postcode

Activities

Position title Start date End date Approx hours Per

Who can we contact to verify? Full Name Position

Phone No. E-mail

3

Name & address of organisation Postcode

Activities

Position title Start date End date Approx hours Per

Who can we contact to verify? Full Name Position

Phone No. E-mail

4

Name & address of organisation Postcode

Activities

Position title Start date End date Approx hours Per

Who can we contact to verify? Full Name Position

Phone No. E-mail

5

Name & address of organisation Postcode

Activities

Position title Start date End date Approx hours Per

Who can we contact to verify? Full Name Position

Phone No. E-mail

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NAME:

GAMSAT ID:

HIGH LEVEL OF PERFORMANCE IN AN AREA OF HUMAN ENDEAVOUR

1

Name & address of organisation Postcode

Activities

Position title	Start date	End date	Approx hours	Per	Week	Month	Year	Total
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Who can we contact to verify?

Full Name <input style="width: 95%; height: 20px;" type="text"/>	Position <input style="width: 95%; height: 20px;" type="text"/>
Phone No. <input style="width: 95%; height: 20px;" type="text"/>	E-mail <input style="width: 95%; height: 20px;" type="text"/>

2

Name & address of organisation Postcode

Activities

Position title	Start date	End date	Approx hours	Per	Week	Month	Year	Total
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Who can we contact to verify?

Full Name <input style="width: 95%; height: 20px;" type="text"/>	Position <input style="width: 95%; height: 20px;" type="text"/>
Phone No. <input style="width: 95%; height: 20px;" type="text"/>	E-mail <input style="width: 95%; height: 20px;" type="text"/>

3

Name & address of organisation Postcode

Activities

Position title	Start date	End date	Approx hours	Per	Week	Month	Year	Total
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Who can we contact to verify?

Full Name <input style="width: 95%; height: 20px;" type="text"/>	Position <input style="width: 95%; height: 20px;" type="text"/>
Phone No. <input style="width: 95%; height: 20px;" type="text"/>	E-mail <input style="width: 95%; height: 20px;" type="text"/>

4

Name & address of organisation Postcode

Activities

Position title	Start date	End date	Approx hours	Per	Week	Month	Year	Total
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Who can we contact to verify?

Full Name <input style="width: 95%; height: 20px;" type="text"/>	Position <input style="width: 95%; height: 20px;" type="text"/>
Phone No. <input style="width: 95%; height: 20px;" type="text"/>	E-mail <input style="width: 95%; height: 20px;" type="text"/>

5

Name & address of organisation Postcode

Activities

Position title	Start date	End date	Approx hours	Per	Week	Month	Year	Total
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Who can we contact to verify?

Full Name <input style="width: 95%; height: 20px;" type="text"/>	Position <input style="width: 95%; height: 20px;" type="text"/>
Phone No. <input style="width: 95%; height: 20px;" type="text"/>	E-mail <input style="width: 95%; height: 20px;" type="text"/>

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ADMISSIONS PORTFOLIO 2009 for 2010

NAME:

GAMSAT ID:

EXPERIENCES / ACHIEVEMENTS NOT INCLUDED ELSEWHERE

1

Name & address of organisation Postcode

Activities

Position title Start date End date Approx hours Per

Who can we contact to verify? Full Name Position

Phone No. E-mail

2

Name & address of organisation Postcode

Activities

Position title Start date End date Approx hours Per

Who can we contact to verify? Full Name Position

Phone No. E-mail

3

Name & address of organisation Postcode

Activities

Position title Start date End date Approx hours Per

Who can we contact to verify? Full Name Position

Phone No. E-mail

4

Name & address of organisation Postcode

Activities

Position title Start date End date Approx hours Per

Who can we contact to verify? Full Name Position

Phone No. E-mail

5

Name & address of organisation Postcode

Activities

Position title Start date End date Approx hours Per

Who can we contact to verify? Full Name Position

Phone No. E-mail