



SCHOOL OF MEDICINE, FREMANTLE
2010 SUPPLEMENTARY INFORMATION FORM

To be submitted to the Admissions Office by **4pm Friday 5 June, 2009**

Please note The University of Notre Dame Australia CAN NOT proceed with your application without this form .

Please use BLOCK/CAPITAL letters, indicate with "N/A" where questions are not applicable and tick boxes where appropriate

1. APPLICANT INFORMATION

1.1 Title Surname/Family Name Given Names

Preferred first name

GENDER Male Female

DATE OF BIRTH (dd/mm/yyyy)

1.2 HOME ADDRESS

Number and Street

Town/Suburb State/Country P/Code

Telephone (home) () (work) ()

Fax (home) () (work) ()

Mobile Email

1.3 NOTIFICATION ADDRESS This is the address for all correspondence during the application process (print 'as above' if the same as 1.2)

Number and Street

Town/Suburb State/Country P/Code

Telephone (home) () (work) ()

Fax (home) () (work) ()

1.4 PREVIOUS NOTRE DAME STUDY Have you previously accepted a place and/or enrolled in a course at Notre Dame Australia? Yes No

1.5 NOTRE DAME AFFILIATION Please indicate if you have an affiliation with The University of Notre Dame Australia

Name	Years of Involvement	Type of Involvement (eg: staff member, alumni, donor)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

1.6 EDUCATION

Highest school year completed 9 10 11 12 Year of Completion

Post school education (University, TAFE, etc.) Please provide original transcript of results.

YEAR LAST ENROLLED	NAME OF INSTITUTION	COURSE TITLE	COMPLETED?		IF INCOMPLETE-PROPOSED DATE OF COMPLETION		CURRENTLY ENROLLED?		GRADE POINT AVERAGE
			YES	NO	YEAR	SEMESTER	YES	NO	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Have you completed **GAMSAT**? Yes No If yes, date of test (dd/mm/yyyy)

Please state your **GAMSAT** candidate number

1.7 COURSE PREFERENCES If you have listed both the Fremantle and Sydney Medical Schools as preferences on your ACER application, please indicate your order of preference by entering 1 and 2 in the boxes provided.

Sydney Fremantle

1.8 Have you been offered or enrolled in the MBBS course at The University of Notre Dame Fremantle in this or any other name? Yes No

2 EMERGENCY CONTACT

It is the student's responsibility to ensure these details are kept current throughout the period of enrolment at the University

CONTACT PERSON (in case of emergency) This person should be in a position to respond to any action the University deems appropriate in relation to your welfare.

Name

Relationship

Number and Street

Town/Suburb State/Country P/Code

Telephone (home) () (work) ()

(mobile)

3 CITIZENSHIP AND RESIDENCY STATUS (NOTE: Evidence of citizenship/residency status must be provided).

3.1 Please tick the appropriate box (only one):

- Australian Citizen Permanent Resident New Zealand Citizen Australian Permanent Humanitarian Visa
- Diplomatic or consular representative of New Zealand, or the spouse or dependent relative of such a representative
- None of the above Temporary Entry Permit

If you ticked 'none of the above' you are considered to be an international student. Please contact the Admissions Office on +61 8 9433 0537 or at admissions@nd.edu.au for further details.

3.2 Country of birth State of birth

3.3 If you were not born in Australia, please indicate the day, month and year of your arrival in Australia (dd/mm/yyyy)

Please state the year permanent residency or citizenship was granted

Applicants with permanent residency approval must have arrived in Australia before submitting their Supplementary Information Form.

IF YOU WERE NOT BORN IN AUSTRALIA, YOU MUST PROVIDE EVIDENCE OF CITIZENSHIP/RESIDENCY STATUS.

4 ABORIGINAL AND TORRES STRAIT ISLANDER APPLICANTS

The following information will assist us with our statistics. However, it will remain confidential and will in no way aid or discriminate against you in regards to your application or enrolment.

4.1 Please tick the appropriate box:

- Neither Aboriginal nor Torres Strait Islander origin Of Aboriginal origin
- Of Torres Strait Islander origin Of Aboriginal and Torres Strait Islander origin

5 SPECIAL CIRCUMSTANCES

Medical / Disability support required? Yes No If 'yes' please describe:

OFFICE USE ONLY

6 ADDITIONAL BACKGROUND INFORMATION

6.1 RELIGION

Notre Dame accepts applications from people of all faiths and no faith at all. While Catholic in its tradition, it embraces all persons who support the Objects of the University.

6.2 LANGUAGES SPOKEN - Do you speak a language other than English at your permanent home residence? Yes No

If yes, indicate the main language spoken

6.3 WORK EXPERIENCE (full-time, part-time)

Period	Employer/Organisation	Position/Duties
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

6.4 COMMUNITY INVOLVEMENT/CHURCH INVOLVEMENT

Period	Organisation	Involvement
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

6 ADDITIONAL BACKGROUND INFORMATION (CONTINUED)

6.5 LEADERSHIP (current or previous)

Period	Organisation	Involvement
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

6.6 REFEREES

Referees should be able to provide information concerning your academic achievement and/or employment history. If such a referee is not available, the referee should be someone who knows you well. In addition, written references may be included with your application.

Name	Telephone	Occupation
<input type="text"/>	(<input type="text"/>) <input type="text"/>	<input type="text"/>
<input type="text"/>	(<input type="text"/>) <input type="text"/>	<input type="text"/>

6.7 PERSONAL STATEMENT

Attach to this Supplementary Information Form a personal statement of approximately 300 words in length addressing the following:

- Your personal qualities and motivation for seeking admission to Notre Dame
- What do you think Notre Dame has to offer you; in what ways do you think the University will meet your needs?
- Reasons for wishing to pursue the Bachelor of Medicine/Bachelor of Surgery

6.8 CURRICULUM VITAE

OFFICE USE ONLY	<input type="text"/>
-----------------------	----------------------

7 RURAL AND REMOTE CONSIDERATION

7.1 Have you ever lived in a remote or rural region (RRMA Index 3-7) for a period of 5 years or more?

It is very important to check the website (www.healthworkforce.com.au/main_rrma.asp) for RRMA index.

Yes No If yes, please complete the details below.

CITY/TOWN	STATE	POSTCODE	RRMA INDEX	YEARS IN LOCATION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7.2 Did you attend a primary school in a remote or rural region? Yes No If yes, please complete the details below.

YEAR	NAME OF SCHOOL	CITY/TOWN	STATE	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7.3 Did you attend a lower secondary school in a remote or rural region? Yes No If yes, please complete the details below.

YEAR	NAME OF SCHOOL	CITY/TOWN	STATE	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7.4 Did you attend an upper secondary school (Year 11 & 12) in a remote or rural region? Yes No

If yes, please complete the details below.

YEAR	NAME OF SCHOOL	CITY/TOWN	STATE	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7.5 Did you attend a tertiary institute in a rural or remote region? Yes No If yes, please specify institution and campus

UNIVERSITY / COLLEGE	CAMPUS	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7.6 Since obtaining your primary degree have you worked in a remote or rural region? Yes No

If yes, please complete the details below.

OCCUPATION	CITY/TOWN	STATE	POSTCODE	YEARS IN LOCATION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8 DOCUMENTATION

CHECK THAT YOU HAVE INCLUDED THE FOLLOWING **MANDATORY** DOCUMENTATION WITH YOUR COMPLETED SUPPLEMENTARY INFORMATION FORM:

- Transcripts of University Study (certified copies acceptable)
- Personal Statement
- Evidence of citizenship/residency status (if not born in Australia)
- Curriculum Vitae
- Supporting Documentation - please see note below

ALL APPLICANTS PLEASE NOTE:

- Your electronic application for GMAC is to be sent directly to ACER.
- You may include other **RELEVANT** documentation (references, awards, certificates etc.). Please do not include more than eight pages of supporting documentation.
- Additional documents should **NOT** be bound in files or display folders.
- Do not include original documents as ALL documentation will **NOT** be returned. Certified copies are acceptable however verification of original documentation may be required by the Admissions Office.

9 ALL INFORMATION MUST BE SENT OR DELIVERED TO:

Admissions Office
The University of Notre Dame Australia, Fremantle
19 Mouat Street (PO Box 1225)
Fremantle WA 6959
Tel: (08) 9433 0537

PLEASE NOTE that posting of your form and documentation is no guarantee of receipt. Upon submission, you will receive written confirmation that your application has been received.

Under no circumstances will faxed documentation be accepted.

Any enquiries regarding the status of your application should be addressed to admissions@nd.edu.au or (08) 9433 0537.

10 DECLARATION

It is a legal requirement that you sign this form having read and accepted the declaration below:

- I have read the form carefully, in its entirety and have included the appropriate documentation.
- I declare that all information included is factually correct and fairly presented. I understand that if any of the information included here is found to be false, the University reserves the right to vary or reverse any decision made in regards to my application or enrolment. I also understand that the University reserves the right to provide details of the false information to other universities or educational institutions or any other authority which the University considers is appropriate to inform.
- I understand that The University of Notre Dame Australia is under no obligation to offer any individual a Commonwealth Supported Place.
- I understand that proof of citizenship or permanent residency must be produced to the University.
- I understand that it is my responsibility to ensure that all documentation is received at the University by 4pm Friday 5 June 2009.
- Privacy Statement: I understand that the information provided in this form will be used for the purposes of admission to and enrolment at The University of Notre Dame Australia. Generally speaking, Notre Dame collects and stores personal data purely for the use of relevant staff members. Where the privacy principles apply, the University restricts access to those staff members who may need the information in the carrying out of their responsibilities in the academic and/or personal interests of the student.
- I understand that if all information has not been received by The University of Notre Dame Australia and ACER by Friday 5 June 2009 my application to the Bachelor of Medicine/Bachelor of Surgery is null and void.
- I understand there are no deferrals for an offer in the Bachelor of Medicine/Bachelor of Surgery.
- I understand that an offer is made for four continuous years at The University of Notre Dame Australia, Fremantle. I am unable to transfer to The University of Notre Dame Australia, Sydney.
- By accepting an interview I am indicating I am available to commence the course Semester 1, 2010.

The University does not provide, by commercial arrangement or otherwise, the personal information of students or other stakeholders except in the following cases:

- a) when authorised in writing by the student to do so, and
- b) where required or authorised by law to
 - government and regulatory authorities
 - credit reporting and fraud-checking agencies
 - to your authorised representatives (e.g. legal representatives)

Applicant's Signature

Date (dd/mm/yyyy)

--	--	--	--	--	--	--	--	--	--