



ROUSTAH Rural Placement Scholarship APPLICATION FORM

PERSONAL DETAILS

Given Name:

Family Name:

Date of Birth:

__ / __ / ____

Phone Number

Home Street Address:

Home Suburb/Town:

Home State:

Home Postcode:

Postal Address: (if different)

Postal Suburb/Town:

Postal State:

Postal Postcode:

COURSE DETAILS

Course:

Current year level:

Please tick:

Undergraduate Graduate

PLACEMENT DETATILS

Name of course/ placement:

Location:

Duration: (provide specific dates)

Start:

End:

Are you currently receiving any other scholarship or bursary in relation to this placement?

Yes No

If yes, which one?

Does your placement provide accommodation?

Yes No

Are you staying with family and/or friends during your placement?

Yes No

RURAL CLUB INVOLVEMENT

How long have you been involved with ROUSTAH?

What activities/events (if any) have you been involved in?

SUPPORTING DOCUMENTATION

Please provide a statement (500 words or less) as to why you think you should be granted this scholarship and include the following information:

- Your prior experience/s in rural clinical placements
- What experience/s you would like to gain from this placement
- Your reasons for undertaking a rural clinical placement

Other documents to include with this application:

- Proof of enrolment at the University of South Australia (UniSA) and course details
- Supporting letter from the UniSA Clinical Placement Unit with details of your clinical placement

DECLARATION

All applicants must sign this declaration:

I certify that the information provided in this application and in accompanying documents are true and accurate to the best of my knowledge and belief.

I understand and agree to the terms and conditions as outlined in the ROUSTAH Rural Placement Scholarship Guidelines, and should I be awarded this scholarship I agree to comply with these guidelines.

I agree to provide details of my University of South Australia enrolment and course details, and a supporting letter from the Clinical Placement Unit.

Full Name:

Signature:

Date:

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