# SCHOLARSHIP Application FORM

**Closing Date: 3 SEPTEMBER 2021**

Before completing your application please read the ‘*Tasmanian Rural Generalist Scholarships Guidelines’* carefully.

Do not attach supporting documentation with this application form. Only applicants selected for further consideration will be asked to submit supporting documentation.

| **APPLICANT INFORMATION** | |
| --- | --- |
| **Applicant name:** |  |
| **Applicant home address:** |  |
| **Applicant postal address**  **(if different from above):** |  |
| **Applicants contact phone no.:** |  |
| **Applicants email address:** |  |
| **Applicants employing hospital and job title:** |  |
| **Applicants current clinical qualifications:** |  |
| **AHPRA number:** |  |
| **Tasmanian Health Service (THS) commencement date:** |  |
| **Australian or New Zealand citizen or permanent resident?** *(tick one)*  **Yes  No ** | **If you are not an Australian or New Zealand citizen or permanent resident, please state the date on which your visa will expire:** |

| **APPLICANT INFORMATION** | |
| --- | --- |
| **Any other information you wish to provide:** |  |

| **Referee INFORMATION** | |
| --- | --- |
| **Referee 1 - name:** |  |
| **Referee 1 – position title and workplace** |  |
| **Relationship to applicant:** |  |
| **Referee 1 - Email:** |  |
| **Referee 1 - preferred phone number:** |  |
| **Referee 2 - name:** |  |
| **Referee 2 – position title and workplace** |  |
| **Relationship to applicant:** |  |
| **Referee 2 - Email:** |  |
| **Referee 2- preferred phone number:** |  |

| **statement addressing the selection criteria** | |
| --- | --- |
| 1. **Please describe your commitment to a career in rural practice in Tasmania:** | |
|  | |
| 1. **Please describe your understanding of the professional and personal issues involved in rural practice.** | |
|  | |
| 1. **Please describe your understanding of patient needs and health priorities in rural/remote Tasmania:** | |
|  | |
| 1. **Please describe how this scholarship will help you pursue your preferred career pathway:** | |
|  | |
| **Signature of applicant:** |  |
| **Date:** |  |

Once completed and signed, please submit this form via email to:

|  |
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| Tasmanian Rural Generalist Scholarships – Selection Panel  c/- Sharee Taylor  Project Officer – Rural Pathways  Email:        [sharee.taylor@health.tas.gov.au](mailto:sharee.taylor@health.tas.gov.au?subject=TRG%20Scholarship%20Enquiry) |