RURAL ENTRY PATHWAY APPLICATION FORM - MEDICINE

PART 1: IMPORTANT CRITERIA FOR APPLICANTS

As a Rural entry applicant, Curtin Medical School (Medicine) requires you to submit documentation both declaring and confirming your eligibility to apply. Rural entry applicants are required to complete and submit this application form, in addition to applying for the MBBS course through TISC.

Rural applicants are those **Western Australian applicants** who are applying as a Western Australian school leaver, Western Australian Curtin Course Switcher or Western Australian Graduate, who as of 31 December prior to commencement of the program, have lived in a rural area for at least 5 years consecutively or 10 years cumulatively from the commencement of primary school (Year 1 onwards). This time frame is based on the location of your primary residence and cannot be your family's holiday home etc.

Curtin Medical School (Medicine) classifies regions as being rural using the Modified Monash Model – remoteness category MM 2-7. To check your MM classification, you can search by entering your address at the website below. Please ensure that you select the Modified Monash Model Layer 2019: <u>https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-workforce-locator.</u>

If you believe you qualify for this entry pathway, please complete this form, **sign the declaration** and forward the completed form by email to the Admissions Coordinator by the closing date noted below. If your form is not received by this date or is incomplete, your application for rural entry may not be accepted.

If you have any questions about the rural entry pathway or about this form, please contact our Admissions Coordinator at <u>CMSFutureStudents@curtin.edu.au</u>

Form Return Details

Closing Date: All pages of this form are to be submitted by **5pm WST**, **11 October 2024**. <u>Please ensure that this form is submitted via email to:</u> <u>CMSFutureStudents@curtin.edu.au</u>

PART 2: PERSONAL AND CONTACT DETAILS

Family Name										
Given Name/s										
Date of Birth	D	D	Μ	Μ	Υ	Υ	Υ	Υ		
Telephone Number										
Email Address										
Postal Address										
	Sub	ourb							Postcode	
TISC ID Number									UCAT ANZ ID	

PART 3: EDUCATIONAL BACKGROUND

Schools Attended from Year 1 onwards:	Years of At	tendance	Rural		
Include suburb and postcode	From Yr Level	To Yr Level	Classification* MM Category		
1.					
2.					
3.					
4.					
5.					
6.					
*Rural classification can be obtained by entering the full address, including the website: https://www.health.gov.au/resources/apps-and-tools/health-workf	-				

PART 4: RURAL ENTRY DECLARATION AND CONFIRMATION

Rural Entry Confirmation - Notes for Applicants and Community Members

Curtin Medical School (Medicine) requires you to submit this application confirming your eligibility to apply as a Western Australian school leaver or non-school leaver rural applicant. This is through a compulsory declaration to be completed by a recognised member of your community, confirming that you have met the following criteria:

• lived in a rural area for at least 5 years consecutively or 10 years cumulatively from the commencement of primary school (Year 1 onwards). This time frame is based on the location of your primary residence and cannot be your family's holiday home etc.

Suitable persons to provide confirmation of your rural eligibility are:

Any APRHA licensed health practitioner	r – for example:					
Chiropractor	Dentist	Medical Practitioner				
Psychologist	Nurse	Optometrist				
Occupational Therapist	Pharmacist	Physiotherapist				
Podiatrist						
OR a person in the following list:						
Magistrate	Minister of Religion	School Principal				
Member of Parliament	Police Officer	Veterinary Surgeon				
Legal Practitioner						

PLEASE NOTE: Family members or a member of staff at Curtin University cannot complete the community confirmation declaration, even if they belong to one of the categories listed above.

Curtin University reserves the right to conduct checks or audit any application documentation submitted in support of entry to the MBBS course.

Rural Community Member Confirmation

The next page is to be completed and signed by the applicant **and** the community member. This declaration confirms the applicant has met the eligibility criteria on page 2 of this application form.

Confirmation of Rural Status by Applicant											
Applicant Family Name											
Applicant Given Name/s											
Full Primary Residence Addres	Perio	d of I	Resic	9	Rural						
Include street, suburb and pos	tcode – EACH LINE SHOULD BE A	From		То	1		Classification*				
DIFFERENT RESIDENCE	mm/չ	уууу	m	m/yy	уу	MN	1 Cat	egor	у		
1.											
2.											
3.											
4.											
5.											
6.											
7.											
website: <u>https://www.health.gov</u> I, the applicant, confirm that I	ned by entering the full address, including .au/resources/apps-and-tools/health-wo have lived in a primary residence that for 5 consecutive or 10 cumulative ye	rkforce-loc is classifi	ator/ ed in	healt the	<u>h-wo</u> Modi	<mark>rkfor</mark> ified	<u>ce-loo</u> Mon	cator ash I	Mode		
school (Year 1 onwards), prior	to the commencement of the program	n. The rele	evant	ada	resse	es ar	e rec	orde	d abo	ove.	
Applicant Signature		Date	ate D D M M				Υ	Y	Y	Υ	
Confir	mation of Rural Status by Co	mmunit	ty IV	lem	ber	<u> </u>	<u> </u>	1	<u>.</u>		
Community Member Name											
Occupation											
Postal Address											
Telephone Number											
Email Address											
Relationship to Applicant (please describe)											
The rural applicant has resided	v knowledge, the above details concer at the address(es) above from the co further information if required.	-								o be	
Community Member Signature		Date	D	D	Μ	Μ	Y	γ	Y	Υ	

All applicants must complete the following declaration.

To be considered for rural entry you must complete this declaration form stating that your application is "True and Complete". If this declaration is not signed or is incomplete you cannot be considered for rural entry. Your application through TISC will then be considered under general entry criteria only.

Declaration															
I declare that the information I have provided in this application and any attachments is true and complete. I make it in the understanding and belief that giving false or misleading information is a serious offence under the Criminal Code (Commonwealth – Division 136 Criminal Code Act 1995).															
I understand Curtin University reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.															
I authorise Curtin University to obtain relevant information, results/records from any educational institution, relevant examining body and/or other sources as required.															
By signing this form, I agree that I have read and understand all information provided in this form.															
Applicant Signature							Date	D	D	Μ	Μ	γ	Y	Y	Y

Curtin University reserves the right to conduct checks or audit any application documentation submitted in support of entry to the MBBS course. Information provided by applicants is treated as confidential according to the University Policy on Access to Student Information. Curtin will not disclose personal information without student consent, except as required by law.