Application Form

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| First Name: |  | | | | | | | |
| Last Name: |  | | | | | | | |
| Address: |  | | | | | | | |
| Phone: |  | | | | | | | |
| Email Address: |  | | | | | | | |
| University : |  | | | | | | | |
| Discipline: |  | | | | | | | |
| Year level: |  | | | | | | | |
| Student ID Number: |  | | | Are you a member of a Student Rural Health Club? | | Yes | No | |
| Details of Clinical Placement | | | | | | | |
| Placement dates: |  | | | | | | | |
| Placement location/s:  Name/s of Health Service |  | | | | | | | |
| Modified Monash Model (MMM) location: | MMM 3 |  | MMM 5 | |  | MMM 7 |  | |
| MMM 4 |  | MMM 6 | |  |  | | |
| Placement type: | Primary Health Care only | |  | | Hospital only | |  | |
| Mixed placement | |  | | Other | |  | |
| If completing a mixed placement please provide details: | | | |
| Intended method of travel: | Flight |  | Self-Drive | |  | Other |  | |
| I am in receipt of any financial assistance from my university or any scholarship or bursary for this placement? If yes, please provide details. | | | Yes | |  | No |  | |
| Have you received a grant or sponsorship from Rural Health West previously? | | | Yes | |  | No |  | |
| Have you attached a signed letter of clinical placement from your university clinical coordinator? | | | Yes | |  | No |  | |