

Faculty of Medicine, Nursing & Health Sciences
Monash University - Gippsland

RURAL/REGIONAL INFORMATION FORM 2009/2010

Complete this form ONLY if you are a Rural Applicant or a Gippsland Resident.

Rural Applicant Current Gippsland Resident

GAMSAT Number: _____

Family Name: _____ Given Names: _____

Address: _____ Post Code: _____
(Principal home address)

Contact Address: _____
(If different to above)
_____ Post Code: _____

Home phone: _____ Mobile phone: _____

Email address: _____

Please answer the following:

1. How long have you lived at the Principal home address listed above? _____
2. Other previous Rural Address Details: (attach an extra page if required)

Rural Address	From MM/YYYY....	To MM/YYYY...

5. Prime Tertiary Education No. of years attended _____

Institution Name: _____

Address: _____ Post code: _____

THE STATUTORY DECLARATION ON PAGE 2 MUST BE COMPLETED

Please submit this form to ACER with your Transcript/s by the application closing date .

Privacy Statement -This information will only be used in the processes of admission to the medicine course and for reporting statistical information in an unidentified form.

These Forms must be completed and returned to ACER with your Transcripts, to confirm your eligibility for the Rural/Regional bonuses.

STATUTORY DECLARATION

I, _____, student,
(Insert name)

of _____
(Insert home address)

do solemnly and sincerely declare that the information contained in my application for admission to the Medical Course at Monash University is to the best of my knowledge true and correct. And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of an Act of Parliament of Victoria rendering persons making false declarations punishable for wilful and corrupt perjury.

Declared at _____ in the State of _____,
(Place)

this day of _____, Two thousand and Nine.
(Day and month)

(Signed)

(Print name)

Before me _____
(Witness)

Stamp name and qualification*

***Please sign and have witnessed this declaration in the presence of either a registered medical practitioner, a pharmacist, a school principal, a bank manager, a minister of religion, a member of the police force or a Justice of the Peace.**

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