



## **Application for financial assistance to attend the Medicine Rural Assured Pathway selection processes for entry to The University of Western Australia in 2023.**

- The Rural Clinical School of WA (RCSWA) will offer financial assistance to eligible students from rural areas of Western Australia to enable them to attend selection processes for the Rural Assured Pathway for Graduate Medicine.
- Only rural origin students (who meet the rural definition – please see page 5) are eligible for financial assistance.
- The financial assistance is in the form of subsidised air travel, airport transfers, overnight accommodation, meals, and transport to the UCAT William Street test centre over and above the first \$250.
- The initial \$250.00 is payable to RCSWA by the student.
- **Dates for Accommodation can only be:**
  - 4<sup>th</sup> July 2022- to sit the AM test on 5<sup>th</sup> July at William Street centre
  - OR
  - 12<sup>th</sup> July 2022 – to sit the AM test on 13<sup>th</sup> July at William Street centre
- **Please note: The subsidised travel and accommodation cost of \$250.00 is non-refundable. Should you withdraw from the program or miss your flight the full cost of the flight booked must be reimbursed to RCSWA.**
- **All forms included must be completed and a copy of the payment confirmation returned by the due date.**

Please print the form and complete, then send a scanned copy of the form to the Rural Clinical School of WA - Rural Coordinator Mrs Sue Pognault. Email: [sue.pognault@rcswa.edu.au](mailto:sue.pognault@rcswa.edu.au)

**CLOSING DATE: Monday 30<sup>th</sup> May 2022**

**Late applications will not be accepted**



**Applicant details. (Please print clearly)**

1. First name: .....Surname.....
2. Male  Female  Other  Date of birth: .....
3. Permanent Home Address.....  
.....State .....Postcode.....
4. I confirm that I have registered to sit UCAT ANZ in 2022 Yes
5. My UCAT ANZ confirmation number is \_\_\_\_\_
6. In which school are you presently enrolled? .....
7. Are you an Australian Citizen? Yes  No   
**If no** - have you been granted permanent resident status by the Department of Immigration,  
Local Government and Ethnic Affairs? Yes  No
8. I understand that the \$250.00 subsidised (non-refundable) financial assistance, is covering my flights,  
transfers, meals and overnight accommodation only
9. My EFT receipt number is \_\_\_\_\_
10. I have completed and returned my student profile. Yes
11. I understand that should I withdraw from the program or miss my flight I am responsible for the full cost of  
the flight and must reimburse this to RCSWA. Yes
12. If we need to contact you urgently regarding your travel arrangements please  
provide us with several contact numbers. Please include area codes.  
Home ( )..... Personal Mobile ( ).....  
Email ..... Parent contact No .....
- Date.....Student's signature.....
- Parent's signature.....



## PRINCIPAL'S STATEMENT

I confirm that (student's name) .....

has expressed an in interest in studying Medicine at UWA, and the school is aware of this choice.

I believe that this student will achieve an Australian Tertiary Admission Ranking (ATAR) of 93+

Yes       No       Unsure

I support this application for financial assistance       Yes       No

Comments: .....

.....

<b>Name of principal or authorised representative:</b>	
<b>Principal's signature</b>	
<b>Dated:</b>	
<b>School name</b>	
<b>School phone number:</b>	
<b>School name and stamp:</b>	



**RURAL ASSURED PATHWAY UCAT ANZ TRAVEL/OVERNIGHT STAY ARRANGEMENTS.**

Please scan and email this form back to [sue.pougnault@rcswa.edu.au](mailto:sue.pougnault@rcswa.edu.au) no later than Monday 30<sup>th</sup> May 2022.

**Late registrations will not be accepted.**

Name.....School.....

Personal mobile ..... Male / Female (please circle)

I understand that should I book dates to sit the UCAT ANZ test on any date other than the AM sessions on 5<sup>th</sup> or 13<sup>th</sup> July 2022, I will only receive the subsidised flights to and from Perth.

I understand that accommodation will only be provided on 4<sup>th</sup> July or 12<sup>th</sup> July 2022.  
I understand that airport transfers will only be provided on 4<sup>th</sup> & 5<sup>th</sup> July or 12<sup>th</sup> & 13<sup>th</sup> July 2022.

I have booked the UCAT ANZ test on the morning of 5<sup>th</sup> or 13<sup>th</sup> July and will require accommodation on the 4<sup>th</sup> or 12<sup>th</sup> July 2022. Yes  No

Dietary requirements (please circle) Halal, Vegan, Vegetarian, Gluten free or other.....

I have booked the UCAT ANZ test on one of the above dates and will require flights:

To Perth on .....

From Perth on .....

**Student signature** .....

**Students attending will be supervised by RCSWA staff  
Parent or Guardian to sign**

I give  I do not give  permission for my child to have free time while in Perth.

Full Name: *(Printed capitals)* .....

*Signature*.....*Date*.....

Mobile number of parent or guardian.....



## Rural Eligibility – Definition

*An applicant is eligible for consideration as a rural applicant if their principal home address has been in a rural/remote area of Australia as defined by the Modified Monash Model (MMM 2019) categories MMM 2 - 7 for a minimum of 5 years consecutive or 10 years cumulative.*

Refer to <https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator> for information regarding the Modified Monash Model (MMM) and to look up the MMM categories for specific locations.

Proof of residency and/or schooling in the rural/remote areas indicated on this form must be provided if required.

In order to complete this step, you will need to name the city/town, Monash MMM 2019 classification, postcode and state corresponding to the rural area in **which you lived** for your most recent five years of rural residence. This address needs to have been your principle home address (not your family's holiday home etc.)

### Principal Home Address

	Town/Suburb	Year	Postcode	MMM#
<i>Example</i>	<i>Collie, WA</i>	<i>2022</i>	<i>6225</i>	<i>4</i>
1				
2				
3				
4				
5				

### Secondary School Address

In order to complete this step, you will need to name the city/town, Monash MMM 2-7 classification, postcode and state of your **secondary school**. You will need to list this for years 8 to 12 even if you attended the same school for all years. You will also need to indicate if you have repeated Year 12.

- Please see the example in the table below.

	School Name:	Town/Suburb	Postcode	MMM#
<i>Example</i>	<i>Collie Senior High School</i>	<i>Collie, WA</i>	<i>6225</i>	<i>4</i>
Year 8				
Year 9				
Year 10				
Year 11				
Year 12				
Year 12 (if repeated)				



## Rural Assured Pathway – Financial Arrangements

Subsidised payment for flights and accommodation to attend the Rural Assured Pathway Admissions process

Name: .....

*I understand that the \$250.00 subsidised (non-refundable) financial assistance, covers my flight, some meals and overnight accommodation.*

I have made an EFT payment to the account listed below and have attached a copy of the transaction receipt along with my student profile.

**Bank Name:** Westpac Banking Corporation

**Bank Address:** University Campus  
UWA Guild Village, Hackett Drive,  
CRAWLEY WA 6009

**Account Name:** The University of Western Australia General Account

**BSB Number:** 036 054

**Account Number:** 304 653

**Reference:** 01252 and your surname

**Date** .....

**Student's signature** .....

**Parent's signature** .....



## UWA Guest Traveller Profile Form

### SECTION 1 - Information to be completed by the Guest Traveller

Please complete the Guest Profile Information below to enable the RCSWA Travel Arranger to book travel on your behalf.

**Personal Information provided on this form must be identical to the Traveller's Travel Document.**

Due to increased airport security, Traveller may be turned down at the gate if the name on the travel document (e.g. passport) or any other travel identification used does not match the name on the ticket issued by UWA Travel agent.

#### Guest Profile Information

##### Personal Information (as per Travel Document)

Title [Required]	<input type="text"/>	
First Name [Required]	<input type="text"/>	
Middle Name	<input type="text"/>	<input type="radio"/> No Middle Name
Last Name [Required]	<input type="text"/>	<input type="radio"/> No Last Name

##### Home Address

Street [Required]	<input type="text"/>
City [Required]	<input type="text"/>
State/Province/Region	<input type="text"/>
Postal Code [Required]	<input type="text"/>
Country [Required]	<input type="text"/>

##### Contact Information

Work Phone [Required]	<input type="text"/>
Home Phone [Required]	<input type="text"/>
Mobile Phone Number [Required]: Country Code +	<input type="text"/> <input type="text"/>

##### Email Addresses

Email Address	<input type="text"/>
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##### Emergency Contact

Name [Required]	<input type="text"/>
Relationship [Required]	<input type="text"/>
Street [Required]	<input type="text"/>
City [Required]	<input type="text"/>
State/Province/Region	<input type="text"/>
Postal Code [Required]	<input type="text"/>
Country [Required]	<input type="text"/>
Phone [Required]	<input type="text"/>

##### Insurance and UWA Risk Management Related Questions

Are you aged over 80 or over at the time of travel? [Required]	<input type="text" value="No"/>
Do you have a pre-existing medical conditions? [Required]	<input type="text"/>

Indicate the main high-risk activity [Required]

Other high-risk activities



Please scan your completed form and email to:  
[sue.pougnault@rcswa.edu.au](mailto:sue.pougnault@rcswa.edu.au)

For more information about the RCSWA Rural High School Travel  
Subsidy Program please visit our website **ADD LINK HERE**