Faculty of Health and Medical Sciences International

Supplementary Application - 2019 Commencement Doctor of Medicine (MD-90850) • Doctor of Dental Medicine (DMD-90860) Doctor of Podiatric Medicine (DPM-90870) • Master of Pharmacy (MPharm-51500)

Section A | Enrolment Information Have you applied to The University If ves. please provide your previous of Western Australia before? No Student Identification or Reference Number: COURSE SELECTION UWA Course code 1st course preference 2nd course preference UWA Course code UWA Course code 3rd course preference UWA Course code 4th course preference UWA Course codes for MD, DMD, DPM and MPharm are listed on page 2 of this form. If you have preferences for any other UWA courses please do not list them here as this form is only for MD, DMD, DPM and MPharm preferences. **Section B** | Personal details (please print clearly) NAME (as it appears in your passport) Date of Birth (Day/Month/Year) Male Title (Mr/Miss/etc) Female Family name HOME ADDRESS (for all correspondence) Street address Postcode Country State Telephone Facsimile Email IMPORTANT: All applicants must provide a current email address to which all correspondence will be sent. Please advise of any changes to contact details. Do you have any disabilities or chronic illnesses which will require If yes, please attach all relevant special consideration to assist you while studying at UWA? Yes documents to your application. Section C | Application for Australian Permanent Residency ● Do you intend on applying for Permanent Residency during the application cycles in 2018? The Faculty requires this information as applicants who receive permanent residency during the application year cannot be considered for an international place and instead must compete for a domestic place. Applicants in this situation must complete the GAMSAT (as domestic students can only sit the GAMSAT) and even if they have already been interviewed for the MD and/or DMD as an international applicant, they will still need to have met the minimum thresholds for domestic applicants in order to be ranked for a position in the course. If applicants meet the minimum requirements as a domestic applicant and are competitively ranked, they can be made an offer for a domestic position. In order to be considered for a domestic place the Faculty needs to be made aware of the situation as soon as possible. In order to be considered for a domestic place the Faculty will require confirmation of permanent residency before October 1st 2018. Section D | Admission test results (MD, DMD and DPM only) $Please\ provide\ your\ GAMSAT\ and/or\ MCAT\ test\ registration\ ID\ number/s\ below\ and\ attach\ a\ copy\ of\ your\ results\ (your\ scores\ will\ be\ verified).$ Applications will not be processed without your ID number, or if you do not submit a valid test result by 31st May 2018 (if applying for DMD and/ or MD or 30 September 2018 if applying for DPM only). ADAT, CDAT and DAT are for dental applicants only. Please only tick relevant box GAMSAT or ADAT **Section E** | Interview (MD, DMD and MPharm only) Please indicate your preferred interview venue Hong Kong * Singapore Perth, WA Toronto, Canada Subject to demand Vancouver, Canada



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Section F | Prerequisites (MPharm only)

All prospective students will also have to demonstrate adequate knowledge of each of the following areas of basic science at a tertiary level;

Chemistry
Mathematics or Stats
Microbiology
Pharmacology

For futher information refer to www.medpharm.uwa.edu.au/courses/postgraduate/coursework/mstrpharm/prerequisites

Non UWA students must supply, with their application, information on the content of the units they have studied as evidence they have
met the prerequisite knowledge area required

Section G | Declaration and Signature

I declare that the information I have provided in connection with this application is true and complete. I understand that The University of Western Australia reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information. I authorise The University of Western Australia to obtain results/records from any relevant examining body or educational institution. By signing this form, I agree that I have read and understand all the information provided on this application form.

Signature	Date

Information for all Supplementary Applications

1 FORMCOMPLETION

This is a supplementary form ${\rm which}$ must be submitted along with the application in ${\rm OASys}$.

2 SUPPORTING DOCUMENTS

For your application to be processed, you must provide supporting documentation such as evidence of English language competence, academic results and admission test results.

3 COURSE CODES

Doctor of Dental Medicine (DMD) – 90860 Doctor of Medicine (MD) – 90850 Doctor of Podiatric Medicine (DPM) – 90870 Master of Pharmacy (MPharm) – 51500

4 APPLICATION SUBMISSION

Submit this completed supplementary form with your application to an authorised UWA overseas representative

www.studyat.uwa.edu.au/international/agents or directly to the University OASys system:

Admissions, M353

The University of Western Australia 35 Stirling Highway, Crawley, Perth Western Australia 6009, Australia

Tel: +61 8 6488 2477

Email: meddentadmissions@uwa.edu.au

5 OFFER OF INTERVIEW

Applicants will be contacted directly by the Faculty of Health and Medical Sciences Admissions Office advising whether they have made it to the interview stage or not. Interviews will be held in:

Singapore, Malaysia* and Canada at the end of July (for applicants from these countries); and

 $\grave{l}\ Perthin August (for all other applicants).$

* Interviews will only be held in Malaysia if there is a great enough demand for this site.

Application Checklist

Please ensure you complete this checklist - this will help

appli trans	re your application is processed more quickly. Incomplete cations will not be assessed. Copies of qualifications and cripts must be certified by a UWA representative or other gnised notary.
	I have completed all relevant sections of this supplementary application form
	I have completed the online OA sys application
	A certified copy of my GAMSAT and/or my MCAT scores is attached. DAT, CDAT or ADAT will be accepted for dental applicants
	I have indicated my preference for interview location in Section E
	I have provided unit outlines to show I have met or will meet the prerequisites for the MPharm. (non UWA applicants only

I have signed the declaration in Section G