

## Rural Eligibility Form

### Graduate Applicants to the Doctor of Dental Medicine, Doctor of Podiatric Medicine, Doctor of Optometry, Master of Pharmacy & Master of Social Work

Within the Faculty's quota of places for graduate applicants, there is a special sub-quota of places for those applicants who fit the criteria for the Rural Pathway. If you believe that you fit the rural criteria (listed below), please complete this form, sign the declaration and return it to FHMS Admissions by the relevant due date listed at the end of the form. **Originals only accepted.**

#### **ELIGIBILITY CRITERIA FOR THE RURAL PATHWAY**

An applicant is eligible for consideration as a rural applicant if their principal home address has been in a defined rural area of Australia (ASGC-RA 2016) 2-5\* for a minimum of 5 years consecutive or 10 years cumulative.

\* Please see <http://www.doctorconnect.gov.au/internet/otd/Publishing.nsf/Content/locator> to determine your Australian Standard Geographical Classification– Remoteness Area (ASGC-RA 2016).

In order to complete this form you will be required to complete the declaration (on the following page). You will also need to name the shire/city/town, the ASGC-RA classification, postcode and state of your principal home address(es) and list the month and calendar years in which you lived there. [E.g. Collie, 6225, WA (ASGC-RA: 2) February 2001-September 2006; and Albany, 6330, WA (ASGC-RA: 4) January 2007- May (present day) 2020].

If you have any questions about rural entry at UWA, or about this form, please contact our Rural Student Support Coordinators at: [rural-broadway-fmdhs@uwa.edu.au](mailto:rural-broadway-fmdhs@uwa.edu.au).

#### **APPLICANT'S PERSONAL DETAILS**

Given Names:

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Family Name:

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Phone Number:

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Email Address used in application:

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UWA ID Number (if applicable):

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#### **COURSE APPLICATION**

Please tick the course/s you have submitted an application for:

Doctor of Dental Medicine

Doctor of Podiatric Medicine

Doctor of Optometry

Master of Pharmacy

Master of Social Work

## RURALITY INFORMATION

- In order to complete this step you will need to name the city/town, ASGC-RA 2016 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 principal home address (not your family's holiday home etc.)
- You can find the ASGC-RA 2016 code of a particular area at: <https://www.health.gov.au/health-workforce/health-workforce-classifications/australian-statistical-geographical-classification-remoteness-area>
- **Please note:** If you have lived in the same area for all five years, please list the data five times - not once.

	Town/Suburb	Period of Residence		Postcode	RA #
		From mm/yyyy	To mm/yyyy		
1					
2					
3					
4					
5					

If your principal home address has been in a defined rural area of Australia (ASGC-RA 2016) 2-5\* for at least 10 years cumulatively, please name the shire/city/town of your principal home address(es) and include the calendar years in which you lived there.

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In order to be considered for rural entry, you must complete the declaration below stating that your application is 'true and complete'. If you do not complete this declaration, you cannot be considered for rural entry.

**ALL APPLICANTS must complete this declaration.**

**Eligible Signatories for the declaration can be found at:**

<https://www.ag.gov.au/Publications/Statutory-declarations/Pages/List-of-authorized-witnesses.aspx>

## 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 form.

Signature: \_\_\_\_\_  
(Applicant)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Witness)

Date: \_\_\_\_\_

Proof of residency in a rural area (as per definition) may be required on request by the Faculty.

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Please return all pages (original) of this form to the  
Faculty of Health & Medical Sciences Admissions team before the following dates:

Doctor of Dental Medicine – 31 May 2020

Doctor of Podiatric Medicine – 30 September 2020

Doctor of Optometry – 1 August 2020

Master of Pharmacy – 1 August 2020

Master of Social Work – 30 September 2020

**LATE APPLICATIONS MAY NOT BE ACCEPTED**

Please return the original copy of this document to:

**POST**

Student Support Coordinators  
Admissions, Faculty of Health & Medical Sciences  
UWA – M353  
35 Stirling Highway  
CRAWLEY WA 6009

**DELIVER IN PERSON**

Student Central, UWA  
Car park 4, Entrance 1, Hackett Drive  
CRAWLEY