

**PARENT/CARER'S INCOME STATEMENT  
DOCTOR OF OPTOMETRY**

*(for parent(s)/carer(s) of students under 22 and not previously classified as "Independent" by Centrelink)*

**WARNING:** It is an offence under the Criminal Code (WA) to knowingly or recklessly give materially false or misleading information in order to obtain a financial advantage.

Student's Name: \_\_\_\_\_

Student No: \_\_\_\_\_

I, \_\_\_\_\_  
*(Full Name of Parent)*

\_\_\_\_\_  
*(Occupation of Parent)*

of \_\_\_\_\_  
*(Home address)*

State that to the best of my information knowledge and belief:

**The total gross income** of my family (self, spouse/partner, my dependents and myself unless otherwise explained below) was:

	<u>Year</u>	<u>Amount</u>
Last Financial Year:		\$
Financial Year Previous to above:		\$

**Number of people financially dependent** on the abovementioned income(s) (including self, partner, children, other family members):

List the age(s) of dependent child/children/student(s):

**Members of my family have the following investments**

(if no other investments please enter 0.00 as the dollar amount):

	<u>Year</u>	<u>Amount</u>
Investment Properties to the value of:		\$
Share Portfolio to the value of:		\$
Other Investments to the value of:		\$

and

I wish to provide the following additional information (if insufficient space a further maximum of 1 additional page may be attached to this form):

**DECLARATION:**

The information provided above is true and complete in every particular and I have not withheld any information that I believe is relevant to the eligibility or otherwise of my dependant for a scholarship, the subject of this application.

\_\_\_\_\_  
*Signature of Parent/Carer*

\_\_\_\_\_  
*Date*

Please email clear scan of signed and completed form  
to [meddentadmissions@uwa.edu.au](mailto:meddentadmissions@uwa.edu.au)