**Menzies-Ramaciotti Centre**

**Edwina Menzies and Ian Albrey Training Scholarship**

**Application Form**

**Please refer to the Information Sheet when completing this form.**

|  |  |
| --- | --- |
| 1. Personal details
 |  |
| First name Click or tap here to enter text. | Last name **Click or tap here to enter text.** |
| Mobile phone number Click or tap here to enter text. |
| Email address Click or tap here to enter text. |
| Address Click or tap here to enter text. |
| State Click or tap here to enter text. |
| Postcode Click or tap here to enter text. |
| Date of birth Click or tap to enter a date. |
| Are you of Aboriginal and/or Torres Strait Islander origin? Click or tap here to enter text. |
| Are you between the age of 18 – 24 (inclusive) Click or tap here to enter text. |
| Are you able to commence in June 2024 Click or tap here to enter text. |

|  |  |
| --- | --- |
| 1. Prior education

  |  |
| Have you done any training, study or had relevant work experience in health? Click or tap here to enter text. |

|  |
| --- |
| 1. Application questions
 |
| What area would you like to work in, in the future? Click or tap here to enter text. |
| Why do you want to undertake a training scholarship at Menzies? Click or tap here to enter text. |
| What strengths would you bring to the Menzies-Ramaciotti Centre? Click or tap here to enter text. |

|  |
| --- |
| Email your application form and CV to:  |
| The Ramaciotti Regional and Remote Health Sciences Training Centre (Menzies-Ramaciotti Centre)Email: Menzies-ramaciotti@menzies.edu.au Phone: 08 8946 8635 |