



**APPLICATION FOR PLACEMENT IN 2010**

**This form must be returned to:** Rhonda Worthington  
Senior Administrative Officer  
Rural Clinical School  
PO Box 1654  
Kalgoorlie WA 6433

**no later than:** COB on Friday **29th May 2009** for commencement in the following academic year. **Late applications will not be accepted.**

Interviews will be held in Perth on Wednesday 5<sup>th</sup> August 2009.

**PERSONAL DETAILS**

Student No \_\_\_\_\_ University of origin \_\_\_\_\_ DOB:  :  :   
Date Month Year

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Postal Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (H): \_\_\_\_\_ (Mobile): \_\_\_\_\_ Email \_\_\_\_\_

Do you have any disabilities, chronic illnesses or other issues which we should know about in order to assist you while on placement?

YES  NO

If yes, please attach all relevant documentation to your application.

**Next of Kin / Parent / Guardian (Emergency contact)**

Name \_\_\_\_\_  
\_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (H): \_\_\_\_\_ (Mobile): \_\_\_\_\_ Email \_\_\_\_\_



The Rural Clinical School  
of Western Australia

Are you in receipt of any of the following scholarships?

	Yes	No	
MRBS	<input type="checkbox"/>	<input type="checkbox"/>	
RAMUS	<input type="checkbox"/>	<input type="checkbox"/>	
John Flynn	<input type="checkbox"/>	<input type="checkbox"/>	Town _____

**RCSWA PLACEMENT DETAILS**

Twelve sites have been established in Western Australia. Please rank your top **four\*** preferences below.

\* Please note that you **MUST** select **at least four** sites. If you choose less than four sites your preferences will be considered invalid and it will be deemed that you don't mind where you are placed.

<input type="checkbox"/> Albany	<input type="checkbox"/> Busselton	<input type="checkbox"/> Esperance	<input type="checkbox"/> Karratha
<input type="checkbox"/> Broome	<input type="checkbox"/> Carnarvon	<input type="checkbox"/> Geraldton	<input type="checkbox"/> Narrogin
<input type="checkbox"/> Bunbury	<input type="checkbox"/> Derby	<input type="checkbox"/> Kalgoorlie	<input type="checkbox"/> Port Hedland

I would like to go to the RCSWA with *(please name one or two colleagues)*.....

.....  
.....

Is your priority to go to a location with your designated colleague OR the highest possible ranked location?

Colleague  Location

**Note:** Please be aware that while every effort will be made to accommodate your preferences, it may not be possible to offer you your preferred site.

**Please attach a typed statement telling us why you want to spend a year in the country.**

My statement is attached:

**NB:** The Kalgoorlie office will contact applicants to schedule an appointment for interview.

**DECLARATION AND SIGNATURE**

I declare that the above information provided by me in connection with this application is correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_



The Rural Clinical School  
of Western Australia

**QUESTIONNAIRE**

Answers to the following questions will have no impact at all on your selection to The Rural Clinical School of Western Australia. This information will only be needed in the event that you are successful in your application and will help the administrative staff in preparing for the Introductory Week and your arrival at the RCSWA site.

NAME \_\_\_\_\_ STUDENT # \_\_\_\_\_

Do you have family who will spend the academic year in the Rural Clinical School with you?

- Yes (more information required below)
- No

Partner's name: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

Will your partner require assistance identifying employment opportunities?

- Yes (more information required below)
- No

Partner's occupation: \_\_\_\_\_

If you have your own vehicle, the Rural Clinical School will pay a car carrier to transport it to and from whichever site you are attached to.

	Yes	No	Not sure yet
Do you need help in transporting your car?			
Make and model	Registration No.		

As you will be required to make yourself available for after hours on-call the RCSWA will reimburse up to \$80/month of your personal mobile telephone account. If you don't have your own mobile phone the RCSWA will provide one for your use while you are at the Rural Clinical School and pay up to \$80/month of the call charges.

	Yes	No	Not sure yet
Do you have your own mobile phone?			

Frequent Flyer No. \_\_\_\_\_



The Rural Clinical School  
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Do you have any special dietary requirements (please list below)

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Please list any hobbies or sporting interests you have

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Staff at all sites maybe able to assist you in finding part-time employment. Please list below any employment options you would like the RCSWA staff to explore if you are successful in your application.

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