Western Australian Centre for Rural Health
Roebourne Placement Support Scholarship

Western Australian Centre for Rural Health

Application Form

Please complete all details of the application form for your application to be processed.

Personal Details:

Full Name	
Address	
Telephone	
Student Email	
Student ID Number	

Placement Details:

University		
Discipline		
Course/program name		
Year level		
Enrolment status:	☐ Full time	☐ Part time
Australian Domestic Student	☐ Yes	☐ No
Placement Dates	Start:	End:
Total Placement Weeks		
Intent of travel to placement	☐ Flight	☐ Self drive

Other details:

I am in receipt of financial assistance from my university or a scholarship or bursary for this placement	☐ Yes	☐ No
I agree to complete a placement evaluation	☐ Yes	☑ No
I agree to participate in student placement marketing and promotion	☐ Yes	☐ No

I declare that the above information is true and correct:

Student Signature	
Date	

More information

For more information about the Roebourne Placement Support Scholarship, please contact:

Western Australian Centre for Rural Health
T 08 9186 7803
E Pilbara-Admin-Wacrh@uwa.edu.au

Please note: If your placement is revised or cancelled for any reason at any stage of the application process you must inform Western Australian Centre for Rural Health as soon as possible.

For Office Use Only		
Application ID		
Meets program eligibility	☐ Yes	☐ No
Scholarship recommendation	☐ Yes	☐ No
Travel amount	$	
Accommodation amount	$	
Total scholarship amount	$	
Comments		
WACRH authorisation:	**Name:**	
	Position:	