

APPLICATION FORM 2026

PART A. Student to Complete

First and Last Name: _____

Date of birth: _____ Gender: _____ School Year: _____

School email: _____
(we will use this to contact you)

Personal email: _____ Phone number: _____

Do you identify as: (please tick one box below)

Aboriginal and Torres Strait Islander Torres Strait Islander Aboriginal Neither Prefer not to say

Interest in a Health Career

Describe your interest in health careers?

What three health careers are you most interested in?

1. _____

2. _____

3. _____

Dates of the 2026 Student Health Academy (You must attend BOTH days):

Term 3: Friday 7th August 2026 AND Friday 21st August 2026

Student/Applicant Commitment:

I would like to apply for the Student Health Academy, and I understand I am required to attend both days.

Signature: _____ Name: _____ Date: _____

Part B. Parent/Guardian to Complete

First and Last Name: _____

Relationship to the applicant: _____ Daytime phone number: _____

Email: _____

Emergency contact (if different from parent/guardian details above)

Emergency contact: _____ Emergency contact phone: _____

Medical Conditions/Allergies

Please provide detail of any medical conditions or allergies that may impact on your child's safety or participation in the Student Health Academy:

Dietary Requirements

Please provide detail of any dietary requirements:

Parent/Guardian Consent

I, _____ (parent/guardian),

give permission for _____

to attend all allocated days of the Student Health Academy at WACRH including consent in supervised simulated health skills sessions.

WACRH may take photos/video to display in our centre, newsletters and flyers, research, and evaluation publications for the Student Health Academy.

I consent to my child's participation in photos and videos (please tick one) YES NO

Please advise of alternative arrangements if you do not consent to your child leaving WACRH *independently* at 3pm.

Signature: _____ Name: _____ Date: _____

PART C. Authorised School Representative

I, _____ support the application of this student to attend the Student Health Academy and consent to their attendance for two days.

Signature: _____ Name: _____ Date: _____

Position: _____ School Name: _____

Email: _____ Contact number: _____

Please return the completed application to sha-wacrh@uwa.edu.au

The applicant will receive an email advising them of the outcome of the application, and the school advised of all students offered a place.

Please note: Applications close on Friday 26th June 2026

The WA Centre for Rural Health will be undertaking a long-term evaluation of this program that may involve occasional contact with the students for several years following the Student Health Academy. Information and consent forms for this will be sent to parents of successful Student Health Academy applicants. Participation in the evaluation is preferred but is optional. Non- participation in the evaluation does not exclude participation in the Student Health Academy.