|  |  |
| --- | --- |
| Personal Details |  |
| Surname | Given name |
| Date of Birth | Citizenship |
| Email address | Mobile ph |
| Emergency Contact details  **Name** | Emergency Contact details **Phone** |
|  |  |
| Practice Details |  |
| Organisation | Current role |
| Employers address | How long have you been in current role |
| Work phone |  |
|  |  |
| Previous Education |  |
| What is your highest level of school education |  |
| In what year was that completed |  |
| Do you have any previous qualifications |  |
| If this qualification is within the last 6 years, please attach a transcript of Statement of Attainment copy | |
|  |  |
| Employment | |
| Are you Part time or Full Time |  |
|  |  |
| Employer to complete | |
| Employers name: endorse this student’s application | |
| I will Provide reasonable support during the learning and assessment process including   1. Leave from work to attend workshops 2. Regular meetings to check on progress and discuss any learning or assessment requirements 3. Opportunities to apply the learning and complete administrative and clinical assessment tasks – including supervised time in the practice treatment room, to practice clinical skills 4. Sign any assessment reports or verification reports   **Employers signature** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Employers name** | |
| Supervisors Details | |
| 1. **Clinical Supervisor name** | **AHPRA Number** |
| Phone number | Email |
| I will provide clinical supervision during the learning and assessment process in the form of:   * Opportunities to apply the learning and complete work based clinical tasks including time in the practice treatment room and time with clinically trained staff * I will sign off forms regarding students’ achievements as they progress through the course of study   **Clinical supervisors name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **signature** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| 1. **Administrative supervisor (If different)** | I support the student’s study, leave and study time |
| Phone number | Email |
| **Admin supervisor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| Student Declaration | |
| * I understand I am entering into a study contract with UNE Partnerships | |
| * I acknowledge it is my responsibility to enrol correctly | |
| * I agree to meet all enrolment deadlines and make payment of fees arising from this enrolment by the due date | |
| * I agree the terms and conditions of the scholarship by WNSW PHN | |
| * I authorise WNSW PHN to collect, receive, store and transfer information relating to my progress in the course where WNSW PHN deem reasonable to do so | |
| * I understand giving false or misleading information may lead to cancelation of my enrolment | |
| * I understand that a key element of completing this course is attending the workshop in full when they are scheduled | |
| * I agree to comply with UNE Partnerships policy of code of conduct in workshops. | |
| * I agree that while I am enrolled I will comply with the rules and policies of UNE Partnerships and WNSWPHN | |
| **Students signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Policy and Procedures <https://www.unep.edu.au/get-started/policies/> | |

Next step is, WNSW PHN will contact you to award your scholarship with a letter of offer and an enrolment link to UNE Partnerships online student portal.

You will be tentatively enrolled. This is a holding status to allow approval by PHN, payment and funding to be arranged, pending funding, previous educational DCT and eligibility checks.