



### IMPORTANT INFORMATION

Please complete this application in **BLACK INK** using **CAPITAL LETTERS**. Mark the appropriate answer boxes with a cross (X). This form is to be used for participants registering for a Western Sydney University Medical Clerkship. If you are applying for a Medical Clerkship, you must pay the applicable fees. Before signing please read further information at [westernsydney.edu.au/medicine](http://westernsydney.edu.au/medicine). The University recommends that you purchase comprehensive travel and medical insurance for your stay in Australia.

Submit completed forms to the Admissions Unit, Locked Bag 1797, Penrith NSW 2751

### 1 - PERSONAL DETAILS

Student ID number

Gender

Male  Female

Date of Birth

Title

Family name

Given name(s)

Postal address

Unit no.		Street no.		Street name	
Suburb					State
Country					

Home phone number

Fax number

Mobile phone number

Email address

### 2 - CITIZENSHIP AND AUSTRALIAN RESIDENCY STATUS

Country of birth

Country of nationality

Are you of Aboriginal or Torres Strait Islander origin? No  Yes

Are you a citizen of either Australia or New Zealand? No  Yes   Australia  New Zealand

Country of citizenship (if not Australia or New Zealand?)

Are you an international student? No  Yes

Do you have permanent resident status in Australia? No  Yes

Date you arrived in Australia

Date permanent residence status granted

Type of visa\*

\*You must attach a clear sharp **CERTIFIED** copy of the Permanent Resident Visa. Find out how at [westernsydney.edu.au/certifyingdocuments](http://westernsydney.edu.au/certifyingdocuments)

### 3 - ENGLISH LANGUAGE PROFICIENCY

Is English your first language?

No  Yes  Go to section 4

Was English the language of instruction at your school or university?

No  Yes  How long did you attend this school?

Have you completed an English proficiency test?

No  Yes  Year completed  Type of test (e.g. IELTS/TOEFL)  \*\* Score

#Attach documentary evidence

\*\*You must attach a clear, sharp **CERTIFIED** copy of your test results

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University's functions and activities associated with my enrolment. In some instances, the University may need to disclose information to any Government department which administers or has authority regarding education or immigration policy and law and any other Government agencies (State, Territory or Federal, an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University's policies.

#### 4 - MEDICAL CLERKSHIP DETAILS

You will need to have page 3 completed by the Dean of your home institution.

What is the name of your home institution/medical school?

Proposed clerkship dates from  /  /  to  /  /

Address of institution

Unit no.	<input type="text"/>	Street no.	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>

Expected graduation date:  /  /

Elective request

Preference (speciality request)	Commencing date	Completion date
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>

Preferred hospital:

I agree to allow Western Sydney University Medicine to register my details with the NSW Medical Board on my behalf: No  Yes

#### 5 - DECLARATION AND SIGNATURE

I declare that I have read the instructions at the beginning of this form and that all the information submitted is true and complete.

I authorise the University to obtain available official records from any educational institution attended by me. I understand that the University is not responsible if any institution does not provide these records. I authorise the University to verify any information provided by me, including academic records and employment details.

I understand that the University may reject my application or revoke any offer of admission if it finds any information provided in relation to my application to be incomplete, inaccurate or misleading.

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University's functions and activities associated with my enrolment. In some instances, the University may need to disclose information to external agencies, other Government agencies, an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University's policies.

I agree to abide by the University of Western Sydney Act, the University of Western Sydney by-law and the rules and policies of the University as they apply from time to time. I also understand that it is my responsibility to ensure that I review the by-law, rules and policies of the University during my period of study, as they are subject to change.

Student's signature

Date

**SIGN HERE**

/  /

#### OFFICE USE ONLY

Processed by

Approved

Dean's signature

Date  /  /

Not approved

Date  /  /

