



SCHOOL OF MEDICINE, SYDNEY
2008 SUPPLEMENTARY INFORMATION FORM

To be submitted to the Admissions Office by **4pm Friday 8 June, 2007**

Please note The University of Notre Dame Australia CAN NOT proceed with your application without this form .

Please use BLOCK/CAPITAL letters, indicate with "N/A" where questions are not applicable and tick boxes where appropriate

1. INITIAL APPLICANT INFORMATION

1.1 Title Surname/Family Name Given Names

Preferred first name

GENDER Male Female **DATE OF BIRTH** (dd/mm/yyyy)

1.2 HOME ADDRESS

Number and Street

Town/Suburb State/Country P/Code

Telephone (home) () () (work) () ()

Fax (home) () () (work) () ()

Mobile Email

1.3 NOTIFICATION ADDRESS This is the address for all correspondence during the application process (print 'as above' if the same as 1.2)

Number and Street

Town/Suburb State/Country P/Code

Telephone (home) () () (work) () ()

Fax (home) () () (work) () ()

1.4 PREVIOUS NOTRE DAME STUDY Have you previously accepted a place and/or enrolled in a course at Notre Dame Australia? Yes No

1.5 NOTRE DAME AFFILIATION Please indicate if you have an affiliation with Notre Dame

Name	Years of Involvement	Type of Involvement (eg: staff member, alumni, donor)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

1.6 EDUCATION

Highest school year completed 9 10 11 12 Year of Completion

Post school education (University, TAFE, etc.) Please provide original or certified copies of transcripts.

YEAR LAST ENROLLED	NAME OF INSTITUTION	COURSE TITLE	COMPLETED?		IF INCOMPLETE-PROPOSED DATE OF COMPLETION		CURRENTLY ENROLLED?		GRADE POINT AVERAGE
			YES	NO	YEAR	SEMESTER	YES	NO	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Have you completed **GAMSAT**? Yes No If yes, date of test (dd/mm/yyyy)

Please state your **GAMSAT** candidate number

2 EMERGENCY CONTACT

It is the student's responsibility to ensure these details are kept current throughout the period of enrolment at the University

CONTACT PERSON (in case of emergency) This person will usually be a close relative and in a position to respond to any action the University deems appropriate in relation to your welfare.

Name	<input type="text"/>		
Relationship	<input type="text"/>		
Number and Street	<input type="text"/>		
Town/Suburb	State/Country	P/Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (home)	(<input type="text"/>)	(work)	(<input type="text"/>)
(mobile)	<input type="text"/>		

3 CITIZENSHIP AND RESIDENCY STATUS (NOTE: Evidence of citizenship/residency status must be provided if requested).

3.1 Please tick the appropriate box:

- Australian Citizen Australian Permanent Resident New Zealand Citizen Australian Permanent Humanitarian Visa
 Diplomatic or consular representative of New Zealand, or the spouse or dependent relative of such a representative
 None of the above Temporary Entry Permit

If you ticked 'none of the above' you are considered to be an international student. Please contact the Admissions Office on +61 2 8204 4404 or at sydney@nd.edu.au for further details.

3.2 Country of birth State of birth

3.3 If you were not born in Australia, please indicate the day, month and year of your arrival in Australia (dd/mm/yyyy)

Please state the year permanent residency or citizenship was granted

Applicants with permanent residency approval must have arrived in Australia before submitting their Supplementary Information Form.

If you were not born in Australia, you **MUST** provide evidence of citizenship/permanent residency on request.

4 ABORIGINAL AND TORRES STRAIT ISLANDER APPLICANTS

The following information will assist us with our statistics. However, it will remain confidential and will in no way aid or discriminate against you in regards to your application or enrolment.

4.1 Please tick the appropriate box:

- Neither Aboriginal nor Torres Strait Islander origin Of Aboriginal origin
 Of Torres Strait Islander origin Of Aboriginal and Torres Strait Islander origin

5 UNIVERSITY STATISTICS

5.1 RELIGION

Notre Dame accepts applications from people of all faiths and no faith at all. While Catholic in its tradition, it embraces all persons who support the Objects of the University.

5.2 LANGUAGES SPOKEN - Do you speak a language other than English at your permanent home residence? Yes No

If yes, indicate the main language spoken

6 SPECIAL CIRCUMSTANCES

Medical / Disability support required? Yes No If 'Yes' please describe

7 LEADERSHIP CONSIDERATION

7.1 WORK EXPERIENCE (full-time, part-time)

Period	Employer/Organisation	Position/Duties
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7.2 COMMUNITY INVOLVEMENT/SPORTING INVOLVEMENT

Period	Organisation	Involvement
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7 LEADERSHIP CONSIDERATION (CONTINUED)

7.3 LEADERSHIP (current or previous)

Period	Organisation	Involvement
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7.4 REFEREES

Referees should be able to provide information concerning your academic achievement and/or employment history. If such a referee is not available, the referee should be someone who knows you well. In addition, written references may be included with your application.

Name	Telephone	Occupation
<input type="text"/>	(<input type="text"/>) <input type="text"/>	<input type="text"/>
<input type="text"/>	(<input type="text"/>) <input type="text"/>	<input type="text"/>

7.5 PERSONAL STATEMENT

Attach to this Supplementary Information Form a personal statement of approximately 300 words in length addressing the following:

- Reason for seeking admission to Notre Dame: why have you selected to come to this University; what do you think Notre Dame has to offer you; in what ways do you think the University will meet your needs?
- Reasons for wishing to pursue the Bachelor of Medicine/Bachelor of Surgery degree.
- Intended vocation or career objectives and how Notre Dame will help you achieve these

7.6 CURRICULUM VITAE (OPTIONAL)

Applicants may submit their curriculum vitae, especially if it provides relevant information not covered elsewhere in this Supplementary Information Form

8 RURAL AND REMOTE CONSIDERATION

8.1 Have you ever **lived** in a remote or rural region of Australia? Yes No If yes, please complete the details below.

CITY/TOWN	STATE	POSTCODE	YEARS IN LOCATION	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8.2 Did you attend a **primary school** in a remote or rural region? Yes No If yes, please complete the details below.

YEAR	NAME OF SCHOOL	CITY/TOWN	STATE	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8.3 Did you attend a **lower secondary school** in a remote or rural region? Yes No If yes, please complete the details below.

YEAR	NAME OF SCHOOL	CITY/TOWN	STATE	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8.4 Did you attend an **upper secondary school** (Year 11 & 12) in a remote or rural region? Yes No

If yes, please complete the details below.

YEAR	NAME OF SCHOOL	CITY/TOWN	STATE	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8.5 Did you attend a tertiary institute in a rural or remote region? Yes No If yes, please specify institution and campus

UNIVERSITY / COLLEGE	CAMPUS
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

8.6 Since obtaining your primary degree have you worked in a remote or rural region? Yes No

If yes, please complete the details below.

OCCUPATION	CITY/TOWN	STATE	POSTCODE	YEARS IN LOCATION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9 DOCUMENTATION

Check that you have included the following compulsory documentation with your completed Supplementary Information Form:

- Transcripts of Post-secondary Study (certified copies)
- Personal Statement
- Curriculum Vitae (optional)
- Supporting Documentation - please see note below
- Application for GMAC to be sent directly to ACER

ALL APPLICANTS PLEASE NOTE:

- You may include other **RELEVANT** documentation (references, awards, certificates etc.). Please do not include more than eight pages of supporting documentation.
- Additional documents should **NOT** be bound in files or display folders.
- Do not include original documents as ALL documentation will **NOT** be returned. Certified copies are acceptable however verification of original documentation may be required by the Admissions Office.

10 ALL INFORMATION MUST BE SENT OR DELIVERED TO:

SYDNEY CAMPUS

Admissions Office
The University of Notre Dame Australia
19-21 Buckland Street (PO Box 944) Broadway NSW 2007
Tel: (02) 8204 4404

PLEASE NOTE that posting of your form and documentation is no guarantee of receipt. We strongly recommend that applicants deliver it in person or send by registered mail. Please **DO NOT** deliver it to another University department.

Under no circumstances will faxed documentation be accepted.

Any enquiries regarding the status of your submission should be addressed to sydneyadmissions@nd.edu.au or (02) 8204 4404.

11 DECLARATION

It is a legal requirement that you sign this form having read and accepted the declaration below:

- I have read the form carefully, in its entirety and have included the appropriate documentation.
- I declare that all information included is factually correct and fairly presented. I understand that if any of the information included here is found to be false, the University reserves the right to vary or reverse any decision made in regards to my application or enrolment. I also understand that the University reserves the right to provide details of the false information to other universities or educational institutions or any other authority which the University considers is appropriate to inform.
- I understand that Notre Dame Australia is under no obligation to offer any individual a Commonwealth Supported Place (CSP).
- I understand that proof of citizenship or permanent residency must be produced to the University on request.
- I understand that it is my responsibility to ensure that all documentation is received at the University by 4pm Friday 8 June 2007.
- Privacy Statement: I understand that the information provided in this form will be used for the purposes of admission to and enrolment at The University of Notre Dame Australia. Generally speaking, Notre Dame collects and stores personal data purely for the use of relevant staff members. Where the privacy principles apply, the University restricts access to those staff members who may need the information in the carrying out of their responsibilities in the academic and/or personal interests of the student.
- I understand that if I haven't submitted all information to Notre Dame and ACER by Friday 8 June 2007 my application to the Notre Dame Bachelor of Medicine/Bachelor of Surgery is null and void.

The University does not provide, by commercial arrangement or otherwise, the personal information of students or other stakeholders except in the following cases:

- a) when authorised in writing by the student to do so, and
- b) where required or authorised by law to
 - government and regulatory authorities
 - credit reporting and fraud-checking agencies
 - to your authorised representatives (e.g. legal representatives)

Applicant's Signature

Date (dd/mm/yyyy)

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