



INDIGENOUS ADMISSIONS APPLICATION & PORTFOLIO

Direct applications should be submitted to Graduate Medicine by **5:00 PM AEST, 31st of July**: md-enquiries@uow.edu.au

Include your full name in the subject line of your email.

Evidence of Aboriginal or Torres Strait Islander descent should be demonstrated by one of the following forms of proof of identity:

- Letter of support from an official Aboriginal or Torres Strait Island organisation such as land council, community council, legal or medical service or from ASPAA (Aboriginal student and parent awareness association).
- This documentation must be viewed by the Academic Leader: Admissions & Selection and the Director of Teaching and Learning, or delegated authority.

Personal Details

First Name	<input type="text"/>	Middle Name	<input type="text"/>	Last Name	<input type="text"/>
Preferred Name	<input type="text"/>	Gender	Male Female	Date of Birth (dd/mm/yyyy)	<input type="text"/>
Country of Birth	<input type="text"/>	Country of Residency	<input type="text"/>	Citizenship	<input type="text"/>

Contact Details

Address (Number & Street)	<input type="text"/>				
City/Suburb	State	Post/Zip Code	<input type="text"/>	Country	<input type="text"/>
Phone No. (Country & Area Codes)	Mobile	<input type="text"/>			
Email	<input type="text"/>				

Academic Students

Please provide scanned copies of all of your academic transcripts or electronic results records and attach to your application email. This includes transcripts for exchange or transferred credits that may contribute to your degree.

Most recent Undergraduate qualification
(eg. Bachelor of Science)

Conferring Institution

City

Country

Year Completed

OR Expected Completion Date (dd/mm/yyyy)

If your Bachelors' degree is greater than ten years old, you must contact the Graduate Medicine (GM) to discuss your application prior to the closing date and may be required to provide further information to show evidence of the currency of your academic skills. This will be assessed on a case by case basis.

Highest Postgraduate qualification
(eg. Masters, PhD)

Conferring Institution

City

Country

Year Completed

OR Expected Completion Date (dd/mm/yyyy)

Have you ever been under exclusion from any university?

Yes

No

If you answered YES then please provide further details (maximum length 1000 characters)

Have you ever been enrolled/currently enrolled in another medical degree?

Yes

No

Heritage Details

I am one of the following:
(supporting documentation must be provided as described above)

Australian Aboriginal descent

Torres Strait Islander descent

Both Aboriginal and Torres Strait Islander descent

Please list the community you identify with

GAMSAT Details

GAMSAT ID	<input type="text"/>	Section 1	Section 2	Section 3	Total
Test Date (dd/mm/yyyy)	<input type="text"/>	GAMSAT Scores	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADMISSIONS APPLICATION PREFERENCES

INDIGENOUS APPLICANTS

First Name

Last Name

GAMSAT ID

Email

Place Type Preference

The UOW MD program has been allocated a quota of 72 Commonwealth supported places. The Commonwealth Department of Health has advised a sub quota allocation of approximately 18 Bonded Medical Places (BMP). The rest are allocated as Non-Bonded Commonwealth Supported Places (CSP). This form is your only opportunity to rank your preference for the type of place you would like to be offered. Please indicate your preferences of place type by ranking them below (1 being your highest preference). If you do not wish to be considered for a place type under any circumstances please indicate NO against that place type.

Bonded Medical Place (BMP)

Commonwealth Supported Place (CSP)

It is important that you access all available information regarding place types before making your selection.

The following websites may assist you with information regarding place types.

BMP: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/reformed-bonded-programs>

Campus Preference

Graduate Medicine is committed to producing medical graduates with a focus on regional, rural and remote communities. Only 28 students will have the unique opportunity for a full time, authentic, rural medical education experience at the University's Shoalhaven campus, in Nowra for Phase 1. Another 56 students will be allocated to the larger regional campus in Wollongong for Phase 1. This form is your opportunity to rank your preference for the campus you would like to be offered, however you may change this preference up until October. Your campus preference will not influence your chances of gaining an offer of a place following interview. Your campus preference and special consideration (if submitted) will be considered but not guaranteed. Final offers will be made for a specific campus and are not transferable. Please indicate preferred campus below.

My preference is allocation to SHOALHAVEN CAMPUS for Phase 1

If you wish to submit special consideration in support of your SHOALHAVEN preference please provide details AND attach supporting documentation.

My preference is allocation to WOLLONGONG CAMPUS for Phase 1

If you wish to submit special consideration in support of your WOLLONGONG preference please provide details AND attach supporting documentation.

I have no preference for campus allocation for Phase 1.

ADMISSIONS PORTFOLIO

INDIGENOUS APPLICANTS

First Name	<input style="width: 95%;" type="text"/>	Last Name	<input style="width: 95%;" type="text"/>
GAMSAT ID	<input style="width: 95%;" type="text"/>	Email	<input style="width: 95%;" type="text"/>

Leadership

1	Name & Address of Organisation	<input style="width: 95%;" type="text"/>						Postal/ Zip Code	<input style="width: 20%;" type="text"/>				
	Activities	<input style="width: 95%;" type="text"/>											
	Position Title	<input style="width: 20%;" type="text"/>	Start Date	<input style="width: 10%;" type="text"/>	End Date	<input style="width: 10%;" type="text"/>	Approx. Hours	<input style="width: 10%;" type="text"/>	per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name	<input style="width: 95%;" type="text"/>						Position	<input style="width: 95%;" type="text"/>				
	Phone No.	<input style="width: 95%;" type="text"/>						Email	<input style="width: 95%;" type="text"/>				

2	Name & Address of Organisation	<input style="width: 95%;" type="text"/>						Postal/ Zip Code	<input style="width: 20%;" type="text"/>				
	Activities	<input style="width: 95%;" type="text"/>											
	Position Title	<input style="width: 20%;" type="text"/>	Start Date	<input style="width: 10%;" type="text"/>	End Date	<input style="width: 10%;" type="text"/>	Approx. Hours	<input style="width: 10%;" type="text"/>	per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name	<input style="width: 95%;" type="text"/>						Position	<input style="width: 95%;" type="text"/>				
	Phone No.	<input style="width: 95%;" type="text"/>						Email	<input style="width: 95%;" type="text"/>				

3	Name & Address of Organisation	<input style="width: 95%;" type="text"/>						Postal/ Zip Code	<input style="width: 20%;" type="text"/>				
	Activities	<input style="width: 95%;" type="text"/>											
	Position Title	<input style="width: 20%;" type="text"/>	Start Date	<input style="width: 10%;" type="text"/>	End Date	<input style="width: 10%;" type="text"/>	Approx. Hours	<input style="width: 10%;" type="text"/>	per	Week	Month	Year	Total
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	Phone No.	<input style="width: 95%;" type="text"/>						Email	<input style="width: 95%;" type="text"/>				

4	Name & Address of Organisation	<input style="width: 95%;" type="text"/>						Postal/ Zip Code	<input style="width: 20%;" type="text"/>				
	Activities	<input style="width: 95%;" type="text"/>											
	Position Title	<input style="width: 20%;" type="text"/>	Start Date	<input style="width: 10%;" type="text"/>	End Date	<input style="width: 10%;" type="text"/>	Approx. Hours	<input style="width: 10%;" type="text"/>	per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name	<input style="width: 95%;" type="text"/>						Position	<input style="width: 95%;" type="text"/>				
	Phone No.	<input style="width: 95%;" type="text"/>						Email	<input style="width: 95%;" type="text"/>				

5	Name & Address of Organisation	<input style="width: 95%;" type="text"/>						Postal/ Zip Code	<input style="width: 20%;" type="text"/>				
	Activities	<input style="width: 95%;" type="text"/>											
	Position Title	<input style="width: 20%;" type="text"/>	Start Date	<input style="width: 10%;" type="text"/>	End Date	<input style="width: 10%;" type="text"/>	Approx. Hours	<input style="width: 10%;" type="text"/>	per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name	<input style="width: 95%;" type="text"/>						Position	<input style="width: 95%;" type="text"/>				
	Phone No.	<input style="width: 95%;" type="text"/>						Email	<input style="width: 95%;" type="text"/>				

ADMISSIONS PORTFOLIO

INDIGENOUS APPLICANTS

First Name	<input style="width: 95%;" type="text"/>	Last Name	<input style="width: 95%;" type="text"/>
GAMSAT ID	<input style="width: 95%;" type="text"/>	Email	<input style="width: 95%;" type="text"/>

Capacity to Work With Others

1	Name & Address of Organisation	<input style="width: 95%;" type="text"/>						Postal/ Zip Code	<input style="width: 15%;" type="text"/>				
	Activities	<input style="width: 95%;" type="text"/>											
	Position Title	<input style="width: 25%;" type="text"/>	Start Date	<input style="width: 10%;" type="text"/>	End Date	<input style="width: 10%;" type="text"/>	Approx. Hours	<input style="width: 10%;" type="text"/>	per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name	<input style="width: 95%;" type="text"/>						Position	<input style="width: 95%;" type="text"/>				
	Phone No.	<input style="width: 95%;" type="text"/>						Email	<input style="width: 95%;" type="text"/>				

2	Name & Address of Organisation	<input style="width: 95%;" type="text"/>						Postal/ Zip Code	<input style="width: 15%;" type="text"/>				
	Activities	<input style="width: 95%;" type="text"/>											
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<i>Who can we contact to verify?</i>	Full Name	<input style="width: 95%;" type="text"/>						Position	<input style="width: 95%;" type="text"/>				
	Phone No.	<input style="width: 95%;" type="text"/>						Email	<input style="width: 95%;" type="text"/>				

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	Activities	<input style="width: 95%;" type="text"/>											
	Position Title	<input style="width: 25%;" type="text"/>	Start Date	<input style="width: 10%;" type="text"/>	End Date	<input style="width: 10%;" type="text"/>	Approx. Hours	<input style="width: 10%;" type="text"/>	per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name	<input style="width: 95%;" type="text"/>						Position	<input style="width: 95%;" type="text"/>				
	Phone No.	<input style="width: 95%;" type="text"/>						Email	<input style="width: 95%;" type="text"/>				

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	Activities	<input style="width: 95%;" type="text"/>											
	Position Title	<input style="width: 25%;" type="text"/>	Start Date	<input style="width: 10%;" type="text"/>	End Date	<input style="width: 10%;" type="text"/>	Approx. Hours	<input style="width: 10%;" type="text"/>	per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name	<input style="width: 95%;" type="text"/>						Position	<input style="width: 95%;" type="text"/>				
	Phone No.	<input style="width: 95%;" type="text"/>						Email	<input style="width: 95%;" type="text"/>				

5	Name & Address of Organisation	<input style="width: 95%;" type="text"/>						Postal/ Zip Code	<input style="width: 15%;" type="text"/>				
	Activities	<input style="width: 95%;" type="text"/>											
	Position Title	<input style="width: 25%;" type="text"/>	Start Date	<input style="width: 10%;" type="text"/>	End Date	<input style="width: 10%;" type="text"/>	Approx. Hours	<input style="width: 10%;" type="text"/>	per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name	<input style="width: 95%;" type="text"/>						Position	<input style="width: 95%;" type="text"/>				
	Phone No.	<input style="width: 95%;" type="text"/>						Email	<input style="width: 95%;" type="text"/>				

ADMISSIONS PORTFOLIO

INDIGENOUS APPLICANTS

First Name	<input style="width: 95%;" type="text"/>	Last Name	<input style="width: 95%;" type="text"/>
GAMSAT ID	<input style="width: 95%;" type="text"/>	Email	<input style="width: 95%;" type="text"/>

Service Ethic

1	Name & Address of Organisation	<input style="width: 95%;" type="text"/>						Postal/ Zip Code	<input style="width: 15%;" type="text"/>				
	Activities	<input style="width: 95%;" type="text"/>											
	Position Title	<input style="width: 20%;" type="text"/>	Start Date	<input style="width: 10%;" type="text"/>	End Date	<input style="width: 10%;" type="text"/>	Approx. Hours	<input style="width: 10%;" type="text"/>	per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name	<input style="width: 95%;" type="text"/>						Position	<input style="width: 95%;" type="text"/>				
	Phone No.	<input style="width: 95%;" type="text"/>						Email	<input style="width: 95%;" type="text"/>				

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	Activities	<input style="width: 95%;" type="text"/>											
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	Phone No.	<input style="width: 95%;" type="text"/>						Email	<input style="width: 95%;" type="text"/>				

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	Activities	<input style="width: 95%;" type="text"/>											
	Position Title	<input style="width: 20%;" type="text"/>	Start Date	<input style="width: 10%;" type="text"/>	End Date	<input style="width: 10%;" type="text"/>	Approx. Hours	<input style="width: 10%;" type="text"/>	per	Week	Month	Year	Total
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	Phone No.	<input style="width: 95%;" type="text"/>						Email	<input style="width: 95%;" type="text"/>				

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	Activities	<input style="width: 95%;" type="text"/>											
	Position Title	<input style="width: 20%;" type="text"/>	Start Date	<input style="width: 10%;" type="text"/>	End Date	<input style="width: 10%;" type="text"/>	Approx. Hours	<input style="width: 10%;" type="text"/>	per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name	<input style="width: 95%;" type="text"/>						Position	<input style="width: 95%;" type="text"/>				
	Phone No.	<input style="width: 95%;" type="text"/>						Email	<input style="width: 95%;" type="text"/>				

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	Activities	<input style="width: 95%;" type="text"/>											
	Position Title	<input style="width: 20%;" type="text"/>	Start Date	<input style="width: 10%;" type="text"/>	End Date	<input style="width: 10%;" type="text"/>	Approx. Hours	<input style="width: 10%;" type="text"/>	per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name	<input style="width: 95%;" type="text"/>						Position	<input style="width: 95%;" type="text"/>				
	Phone No.	<input style="width: 95%;" type="text"/>						Email	<input style="width: 95%;" type="text"/>				

ADMISSIONS PORTFOLIO

INDIGENOUS APPLICANTS

First Name <input style="width: 95%;" type="text"/>	Last Name <input style="width: 95%;" type="text"/>
GAMSAT ID <input style="width: 95%;" type="text"/>	Email <input style="width: 95%;" type="text"/>

High Level of Performance in an Area of Human Endeavour

1	Name & Address of Organisation							Postal/ Zip Code					
	Activities												
	Position Title		Start Date		End Date		Approx. Hours		per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name							Position					
	Phone No.							Email					

2	Name & Address of Organisation							Postal/ Zip Code					
	Activities												
	Position Title		Start Date		End Date		Approx. Hours		per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name							Position					
	Phone No.							Email					

3	Name & Address of Organisation							Postal/ Zip Code					
	Activities												
	Position Title		Start Date		End Date		Approx. Hours		per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name							Position					
	Phone No.							Email					

4	Name & Address of Organisation							Postal/ Zip Code					
	Activities												
	Position Title		Start Date		End Date		Approx. Hours		per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name							Position					
	Phone No.							Email					

5	Name & Address of Organisation							Postal/ Zip Code					
	Activities												
	Position Title		Start Date		End Date		Approx. Hours		per	Week	Month	Year	Total
<i>Who can we contact to verify?</i>	Full Name							Position					
	Phone No.							Email					

ADMISSIONS RURAL RESIDENCY & SCHOOLING

INDIGENOUS APPLICANTS

First Name <input style="width: 90%;" type="text"/>	Last Name <input style="width: 90%;" type="text"/>
GAMSAT ID <input style="width: 90%;" type="text"/>	Email <input style="width: 90%;" type="text"/>

The Graduate Medicine is committed to producing medical graduates with a focus on regional, rural and remote communities, giving preference to students who can demonstrate ties to such locations. Please check the Admissions Portfolio guidelines and use the following website to assist in completing this form:
<http://www.doctorconnect.gov.au/internet/otd/Publishing.nsf/Content/locator>

Question 1: Did you complete the majority of your **primary school education** in an Australian regional / rural area?
 (As defined by the Australian Standard Geographical Classification - Remoteness Area ASGC-RA 2 to 5)

- No, I did not complete the majority of primary school in an ASGC-RA 2-5 area. *(Proceed to Question 2)*
- Yes, I did complete the majority of primary school in an ASGC-RA 2-5 area. *(Complete details below)*

School Name & Address								
City/Suburb		State		Postcode				
School Phone								
Dates Attended		To		ASGC-RA Code	RA-2	RA-3	RA-4	RA-5

Question 2: Did you complete the majority of your **secondary school education** in an Australian regional / rural area?
 (As defined by the Australian Standard Geographical Classification - Remoteness Area ASGC-RA 2 to 5)

- No, I did not complete the majority of secondary school in an ASGC-RA 2-5 area. *(Proceed to Question 3)*
- Yes, I did complete the majority of secondary school in an ASGC-RA 2-5 area. *(Complete details below)*

School Name & Address								
City/Suburb		State		Postcode				
School Phone								
Dates Attended		To		ASGC-RA Code	RA-2	RA-3	RA-4	RA-5

Question 3: Did you complete the majority of your **tertiary education** in an Australian regional / rural area?
 (As defined by the Australian Standard Geographical Classification - Remoteness Area ASGC-RA 2 to 5)

- No, I did not complete the majority of tertiary education in an ASGC-RA 2-5 area. *(Proceed to Question 4)*
- Yes, I did complete the majority of tertiary education in an ASGC-RA 2-5 area. *(Complete details below)*

School Name & Address								
City/Suburb		State		Postcode				
School Phone								
Dates Attended		To		ASGC-RA Code	RA-2	RA-3	RA-4	RA-5

ADMISSIONS RURAL RESIDENCY & SCHOOLING

INDIGENOUS APPLICANTS

First Name <input style="width: 95%;" type="text"/>	Last Name <input style="width: 95%;" type="text"/>
GAMSAT ID <input style="width: 95%;" type="text"/>	Email <input style="width: 95%;" type="text"/>

The Graduate Medicine is committed to producing medical graduates with a focus on regional, rural and remote communities, giving preference to students who can demonstrate ties to such locations. Please check the Admissions Portfolio guidelines and use the following website to assist in completing this form:
<http://www.doctorconnect.gov.au/internet/otd/Publishing.nsf/Content/locator>

Question 4: Did you reside in an Australian regional / rural area for **at least 5 years** (consecutive or cumulative) from commencement of primary school, that is commencement of school at about the age of 5 years?

(A regional or rural area as defined by the Australian Standard Geographical Classification - Remoteness Area ASGC-RA 2 to 5)

No, I have not resided in an ASGC-RA 2-5 area for more than 5 years. *(Proceed to checklist on next page)*

Yes, I have resided in an ASGC-RA 2-5 area for more than 5 years. *(Complete details below)*

Street Address	<input style="width: 100%;" type="text"/>							
City/Suburb	<input style="width: 60%;" type="text"/>	State	<input style="width: 20%;" type="text"/>	Postcode	<input style="width: 10%;" type="text"/>			
Dates resided	<input style="width: 15%;" type="text"/>	To	<input style="width: 15%;" type="text"/>	ASGC-RA Code	RA-2	RA-3	RA-4	RA-5
Street Address	<input style="width: 100%;" type="text"/>							
City/Suburb	<input style="width: 60%;" type="text"/>	State	<input style="width: 20%;" type="text"/>	Postcode	<input style="width: 10%;" type="text"/>			
Dates resided	<input style="width: 15%;" type="text"/>	To	<input style="width: 15%;" type="text"/>	ASGC-RA Code	RA-2	RA-3	RA-4	RA-5
Street Address	<input style="width: 100%;" type="text"/>							
City/Suburb	<input style="width: 60%;" type="text"/>	State	<input style="width: 20%;" type="text"/>	Postcode	<input style="width: 10%;" type="text"/>			
Dates resided	<input style="width: 15%;" type="text"/>	To	<input style="width: 15%;" type="text"/>	ASGC-RA Code	RA-2	RA-3	RA-4	RA-5
Street Address	<input style="width: 100%;" type="text"/>							
City/Suburb	<input style="width: 60%;" type="text"/>	State	<input style="width: 20%;" type="text"/>	Postcode	<input style="width: 10%;" type="text"/>			
Dates resided	<input style="width: 15%;" type="text"/>	To	<input style="width: 15%;" type="text"/>	ASGC-RA Code	RA-2	RA-3	RA-4	RA-5
Street Address	<input style="width: 100%;" type="text"/>							
City/Suburb	<input style="width: 60%;" type="text"/>	State	<input style="width: 20%;" type="text"/>	Postcode	<input style="width: 10%;" type="text"/>			
Dates resided	<input style="width: 15%;" type="text"/>	To	<input style="width: 15%;" type="text"/>	ASGC-RA Code	RA-2	RA-3	RA-4	RA-5

If you answered "yes" to any of the above rurality questions you WILL be required to provide additional supporting evidence (this should be scanned and attached to your email). Please see the guidelines for submission for more information. If you are selected for interview you will be required to bring originals. The Graduate Medicine reserves the right to check your details with any schools or institutions listed.

ADMISSIONS APPLICATION CHECKLIST

INDIGENOUS APPLICANTS

First Name

Last Name

GAMSAT ID

Email

Please complete the checklist below to ensure your application is complete.

I have completed all my personal and contact details on the front page of the form

I have completed the details of my most recent undergraduate degree and highest postgraduate degree

I have completed the details of my GAMSAT results (if available)

I have completed all applicable sections of my portfolio and included verifiers for activities

I have completed all applicable sections of the rurality form including full addresses and ASGC-RA codes if relevant

SAVE a copy of this PDF document on your computer.

Please open your email client and create a new email to the UOW portfolio email address: md-enquiries@uow.edu.au

It may be wise to Cc the email to yourself for record keeping.

Address your email subject line as follows: "<First name> <LAST NAME> portfolio". For example, your subject line may look like:

Lyndal PARKER-NEWLYN portfolio

If you need to send more than one email due to the number of attachments, then address the second one with the same heading and "portfolio 2" and "portfolio 3" and so on. This will greatly assist our application processing. Ensure all are received by the closing date.

You will now need to attach the following documents to your email.

Your completed UOW Graduate Medicine Admissions form (this document)

Scanned copies of all academic transcripts (or electronic statements of results for incomplete courses)

Scanned copies of your GAMSAT results notification (if available)

Scanned copies of any verification documents to prove your rurality status (see guidelines for more information)

Scanned copies of supporting heritage documents

Conditions of application:

Any incomplete or incorrect forms will not be considered.

Any applicants found to be making deliberately false or misleading statements will be removed from the process.

Yes, I understand the above conditions and declare the information I have provided to be true and correct

Date

When this checklist is complete and your email is sent - your application is ready for processing. Good luck!