

CRICOS Provider Code: 00012G. RTO: 0416

holmesglen

APPLICATION FORM

Holmesglen/Monash Health Allied Health Assistance Scholarship

THE ACCESS SCHOLARSHIP PROGRAM

Holmesglen and Monash Health are proud to have this Scholarship Program available for the benefit of prospective students who wish to undertake the Certificate IV in Allied Health Assistance (Physiotherapy and Occupational Therapy).

The program is aimed at providing an opportunity for those prospective students who have demonstrated a commitment to education and self development.

The Holmesglen/Monash Health Scholarship is available to help prospective students who, because of hardship related to their refugee or asylum seeker status might not otherwise enjoy the benefits that flow from participation in tertiary education.

Scholarships are available towards expenses directly related to the cost related to study.

INSTRUCTIONS & APPLICATION PROCESS

Before completing this form, please ensure that you have carefully read the **Scholarship Terms and Conditions** to see if you meet the requirements to apply for this scholarship. **Please note that only one application per person can be submitted.**

HOW TO SUBMIT YOUR APPLICATION

Step 1: Complete application form and scholarship conditions form

Step 2: Email clear copies of both forms and your VEVO check to healthsciences@holmesglen.edu.au

APPLICANT NAME

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ELIGIBILITY CHECKLIST

Are you aged 18 years or over?	YES	NO
Do you have current refugee status?	YES	NO
VEVO check completed and attached (https://online.immi.gov.au/evo/firstParty)	YES	NO
Have you met Monash Health Immunisation requirements?	YES	NO 🗌
Do you hold a current Police Check?	YES	NO
Is this your first attempt at a Certificate IV level program in Australia?	YES	NO
Is this your first Free TAFE program?	YES	NO
Can you maintain satisfactory attendance and course progress for twelve months?	YES	NO 🗌
Do you have a demonstrated interest in healthcare?	YES	NO 🗌
Have you read the Terms and Conditions?	YES	NO

1. Personal Details

Full Name:				
Student ID (if applicable):	Date of Birth:			
Email address:				
Postal Address:				
Suburb:			State: P	ostcode:
Home Telephone: W	ork Telephone:	Mobile:		

2. Scholarship Application Details

2A. Explain why you are interested is studying Allied Health Assistance.

2B. What are your future career goals and what do you hope to achieve by undertaking this course at Holmesglen?:

2C. Provide a statement of your commitment to completing this course, should you be successful in gaining a scholarship:

2D. Provide details of any previous study in Australia:

Institution:	 	 															
Course:																	
Level reached:	 	 										Las	t yea	ar of	atte	enda	nce:
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2E. Please provide details of any previous experience in the health sector. This may include paid and unpaid experience.

2F. Please explain how you will travel to and from Moorabbin campus. How will you access online sessions and course materials?

2G. Provide details of ONE referee (Referee needs to supply a written statement of support which must be submitted with your application):

Name:			
Occupation:			
Address:			
Suburb:			State: Postcode:
Home Telephone:	Work Telephone:	Mobile:	

3. Student Declaration

Applicants Name:

1. I hereby agree to abide by the Terms & Conditions of the scholarship selection process

2. I declare that all information provided in this application is true and accurate.

3. I agree to the use of my image and testimonial for promotional purposes.

4. I understand Selection Panel decisions cannot be appealed against and no correspondence concerning decisions will be entered into.

5. As a student at Holmesglen Institute, I have not been suspended or had any disciplinary action taken against me. 🗌 not applicable for prospective students

Applicants Signature:

Date:

FOR OFFICE USE ONLY

Date received:

Acknowledgment:

Interview:

Response & outcome: