


# Indigenous Entry Stream Doctor of Medicine (MD) South Australia and the Northern Territory

## Application for MD Admission in 2021

### SECTION A: NOTES FOR APPLICANTS

1. Applicants for the Flinders University Doctor of Medicine must have completed or be in the final year of an undergraduate (Bachelors) degree. If your degree is in progress, a condition of entry will be that it be completed on or before 31<sup>st</sup> December 2020.
2. The Doctor of Medicine Program is offered in South Australia and the Northern Territory. The Northern Territory stream is known as the Northern Territory Medical Program (NTMP). Priority for NTMP places will be given to applicants who meet the NT residency requirement as they are fully funded by the NT Government. A resident is someone who has lived in the NT for two of the last six years or a total of five years since commencing primary school (at the date of commencement of the medical course).
3. Places not filled by NT residents will be opened to other Australians. NTMP places are bonded. Successful applicants will be expected to complete two years of postgraduate training in the NT immediately following graduation from the medical course.
4. Applications will close 11:59PM (ACST) Friday 14<sup>th</sup> February 2020
5. Email will be the main means of contact with you about your application. It is important that you provide a current email contact address and that you regularly check your email at this address.

### ASSISTANCE WITH YOUR APPLICATION

Applicants requiring assistance with their application can contact the following offices:

#### **Applicants for the Doctor of Medicine - Northern Territory Medical Program should contact:**

Kelly-Anne Brown, Community Engagement Officer  
Flinders NT  
(08) 8920 0293  
Email: [kellyanne.browne@flinders.edu.au](mailto:kellyanne.browne@flinders.edu.au)

#### **Applicants for the Doctor of Medicine - South Australia should contact:**

Yunggorendi Student Engagement  
Email: [yunggorendi@flinders.edu.au](mailto:yunggorendi@flinders.edu.au)  
Telephone: (08) 8201 3033 or 1800 641 811 (toll free)

### COMPLETING AND SUBMITTING YOUR APPLICATION

The closing time and date for receipt of completed applications is 11:59 p.m. (ACST) Friday 14<sup>th</sup> February 2020. Applications are to be submitted by email to [askflinders@flinders.edu.au](mailto:askflinders@flinders.edu.au)

Please include scanned copies of original academic transcripts and other documents requested. Please keep a copy of your application for your own records. **Applications will not be processed unless all documents that are required are provided**

### COMMUNICATING WITH YOU ABOUT YOUR APPLICATION

Email will normally be the main means of contact with you about your application. It is important that you provide a current email contact address and that you regularly check your email at this address.

## SECTION B: SITE SELECTION

*Please indicate which site you wish to be considered for:*

*Please note that changes to preferences will not be considered after the close of applications.*

**Option 1** Doctor of Medicine South Australia ONLY ☐

**Option 2** Northern Territory Medical Program ONLY ☐

**Option 3** Both the Doctor of Medicine South Australia and Northern Territory Medical Program. ☐

My first preference is: SA ☐ NT ☐

If you have selected Option 2 or 3 please check one of the following:

I have resided with a permanent address in the Northern Territory for a total of at least two years out of the last six years; ☐

I have resided with a permanent address in the Northern Territory for a total of at least five years since commencing primary school ☐

I do not meet either of the NT residency requirements above, but wish to be considered for the NTMP if places are available ☐

\* If you meet NT residency requirements, you will need to submit a Statutory Declaration. See the application guide for details

## SECTION C: PERSONAL AND CONTACT DETAILS

Title (Dr/Mr/Ms/Mrs/Miss): \_\_\_\_\_

All names you are or have been known by: \_\_\_\_\_

Family name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_(dd/mm/yyyy) Male ☐ Female ☐

### Address for Correspondence:

Number and Street Name Suburb/Town: State: Postcode:

Phone Number Mobile:

Email:

### Family Contact:

Name and their relationship to you (e.g. mother): Phone Number: Mobile:

Number and Street Name: Suburb/Town: State Postcode:

**Indigenous Identity:**

I am of Aboriginal and/or Torres Strait Islander Descent ☐

And

I identify as an Aboriginal and/or Torres Strait Islander ☐

And

I am accepted as such by the community in which I currently or have formerly lived ☐

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Name of Community

*(The Applicant will be required to provide a document "signed under seal" by an Aboriginal or Torres Strait Islander organisation in the community from which the applicant originates or is recognized, confirming that the applicant is recognised by the community in which he/she is from, at or before the interview process).*

**Country of Birth and Citizenship:**

Country of Birth \_\_\_\_\_

I am an Australian Citizen ☐

or

I hold an Australian Permanent Resident Visa ☐

**Rurality:**

I am a rural applicant ☐

Rurality is defined as 'residency for at least 10 years cumulatively or any five years consecutively in an Australian Statistical Geography Standard – (2011/2016) Remoteness Area (ASGS-RA) 2-5'.

I have resided in a Rural area for 5 years consecutively ☐

I have resided in a Rural area for 10 years cumulatively ☐

If you checked the box above, please provide the ASGS-RA code (2-5) for the area where you lived the longest, using the ASGR lookup tool available at:

[http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/ASGSRA\\_locator](http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/ASGSRA_locator)

**ASGS-RA code:** \_\_\_\_\_

\* If you meet Rural residency requirements, you will need to submit a Statutory Declaration. See the application guide for details

## SECTION D: POST SECONDARY EDUCATION

Have you completed a Bachelor degree or will you complete a Bachelor degree on or before 31<sup>st</sup> December 2020?

Yes ☐ No ☐

Title of degree: \_\_\_\_\_

Institution: \_\_\_\_\_

Duration of degree (full time years): \_\_\_\_\_

Completion date: \_\_\_\_\_

**Please include official academic transcript(s) for the completed degree or showing your results so far. If the degree includes credit given for previous studies, you should include official academic transcript(s) from the relevant institution(s), listing those studies.**

### **Additional Post- Secondary Education:**

*If you need more space, please attach extra pages headed: “Section D: Education History”*

Title of Course or Degree	Name of Institution	Length of Course (full time years)	Completion date (mm/yyyy)	Qualification awarded (if applicable)

Have you ever been under exclusion from any University? Yes ☐ No ☐

Are you now or have you ever been enrolled in a medical degree program in an Australian University? Yes ☐ No ☐

Have you previously been offered a place in any of the Australian graduate-entry medical programs? Yes ☐ No ☐

*If you answered **yes** to any of these questions, please attach a brief explanation headed: “Section D: Education History Explanation”*

### **GAMSAT:**

GAMSAT scores are not required for this application but if you have sat the GAMSAT and would like to provide your results please complete the following:

Year of test: \_\_\_\_\_

GAMSAT ID#: \_\_\_\_\_

GAMSAT Scores:

Section I: \_\_\_\_\_ Section II: \_\_\_\_\_ Section III: \_\_\_\_\_ Overall Score: \_\_\_\_\_

## SECTION E: EMPLOYMENT/WORK EXPERIENCE

PLEASE INCLUDE A COPY OF YOUR RESUME/CURRICULUM VITAE (CV)

Please list work experience that is relevant to your application

*If you need more space, please include extra pages headed: "Section E: Work Experience"*

Position held	Employer	Main duties/responsibilities	Full time/part time/ casual	Length of employment/experience

## SECTION F: PREVIOUS APPLICANTS

Have you previously applied for the IES      Yes ☐      No ☐

If Yes, please describe what you have done to strengthen your application for entry this year?

*If you need more space, please include extra pages headed: "Section F: Previous Applicants"*

## SECTION G: COMMUNITY INVOLVEMENT HISTORY

Please describe any community roles or involvement you have had including volunteering, caring, community leadership, religious/service organisations, committees and boards, clubs or student organisations etc.

*If you need more space, please include extra pages headed: “Section G: Community Involvement”*

## SECTION H: PERSONAL ACHIEVEMENTS

Please describe your current or recent sporting, artistic or other achievements, hobbies and interests

*If you need more space, please include extra pages headed: “Section H: Personal Achievements”*

## SECTION I: INTEREST IN MEDICINE

Please write a statement of up to 600 words outlining why you are interested in studying Medicine and how you hope to use your medical degree in the future. We are interested in what skills, qualities and achievements influenced your decision and the kinds of life experiences and personal achievements that provide you with the preparation and determination to succeed.

### **Please answer the following questions:**

1. When did you decide you wanted to pursue a career in medicine?
2. What would you like to achieve as a doctor?

*If you need more space, please attach include pages headed: "**Section I: Interest in Medicine**"*

## REFEREES (ACADEMIC OR EMPLOYMENT)

*Please include two written referee reports in support of your application for medical studies from individuals who know you well through either work, academic study or community involvement. Please provide their contact details below.*

### **Referee 1**

Work or Academic Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone number Mobile

Address: \_\_\_\_\_  
\_\_\_\_\_  
Number & Street Name Suburb/Town State Postcode

Email address (if available): \_\_\_\_\_

### **Referee 2**

Work or Academic Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone number Mobile

Address: \_\_\_\_\_  
\_\_\_\_\_  
Number & Street Name Suburb/Town State Postcode

Email address (if available): \_\_\_\_\_

## REFEREES (ABORIGINAL OR TORRES STRAIT ISLANDER)

*Please provide details of an Aboriginal or Torres Strait Islander organisation or person (not a family member) who can verify that you are an Aboriginal or Torres Strait Islander, or both.*

Name: \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone number Mobile

Address: \_\_\_\_\_  
\_\_\_\_\_  
Number & Street Name Suburb/Town State Postcode

Email address (if available): \_\_\_\_\_



## CHECKLIST

Have you included?

Tick

Original Academic Transcripts(s) <i>Photocopies of unofficial computer printouts will not be accepted</i>	
Statutory Declaration of NT Residency (only required if applying for the NTMP)	
Statutory Declaration of Rural Residency (only required if applying as a Rural Candidate)	
Two Referee Reports (Academic or Employment)	
Statutory Declaration of Aboriginal and/or Torres Strait Islander Origin	
Confirmation of Aboriginality, Torres Strait Islander or both, 'signed under seal' by Aboriginal/Torres Strait Islander community organisation as per required criteria.	

Total number of additional pages included that address sections C to H? \_\_\_\_\_

*If your name has changed, please make sure that the name used in your application form is also included on all your supporting documents*

### **Please note:**

A document "signed under seal" by an Aboriginal or Torres Strait Islander community organisation in the community from which the applicant originates or is recognized providing confirmation that the applicant is recognised by the community in which he/she is from, will be required prior to/if selected for an interview.

Certified originals and scanned copies of original transcripts required – applications will not progress through the application processes unless all these documents are provided when requested.

- I declare that information I have given in this application and any attachments is true, accurate and complete. Giving false or misleading information is a serious offence under the Criminal Code (Commonwealth).
- I authorise Flinders University to obtain relevant information about me to support this application from educational and other sources as required.
- I acknowledge that if my application is successful, I may be required to supply documentary evidence to substantiate information supplied in this application.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

Information provided by applicants is treated as confidential according to the University Policy on Access to Student Information. Flinders University will not disclose personal information without the student's consent, except as required by law.

**Please see page 1 for instructions on the submission of your application.**