**Menzies-Ramaciotti Centre**

**Laboratory Training Scholarship Application Form**

**Please refer to the Menzies-Ramaciotti Centre Laboratory Training Scholarship Information Sheet document when completing this form.**

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| 1. Personal details |  |
| First name Click or tap here to enter text. | Last name **Click or tap here to enter text.** |
| Mobile phone number Click or tap here to enter text. | |
| Email address Click or tap here to enter text. | |
| Address Click or tap here to enter text. | |
| State Click or tap here to enter text. | |
| Postcode Click or tap here to enter text. | |
| Date of birth Click or tap to enter a date. | |
| Are you of Aboriginal and/or Torres Strait Islander origin? Click or tap here to enter text. | |

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| 1. Prior education |  |
| What year of high school did you complete and when did you graduate?  Have you done any other training or had relevant work experience in health? Click or tap here to enter text. | |

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| 1. Application questions |
| What area would you like to work in, in the future?  Click or tap here to enter text. |
| Why do you want to undertake a training scholarship at Menzies?  Click or tap here to enter text. |
| What strengths would you bring to the Menzies-Ramaciotti Centre?  Click or tap here to enter text. |

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| Email your application form and CV to: |
| The Ramaciotti Regional and Remote Health Sciences Training Centre (Menzies-Ramaciotti Centre)  Email: [Menzies-ramaciotti@menzies.edu.au](mailto:Menzies-ramaciotti@menzies.edu.au)  Phone: 08 8946 8635 |