



Medical School Indigenous Australian Admission Form

Indigenous Australian Admission is for applicants to medicine who:

- Are of Australian Aboriginal and/or Torres Strait Islander descent;
• Identify as an Australian Aboriginal and/or Torres Strait Islander;
• Are accepted as such by the community/ies in which s/he has been or is associated; and
• Who may not hold qualifications which meet the minimum admission requirements to the University.

1. Applicant Details

Full Name: \_\_\_\_\_ GEMSAS ID: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

2. Aboriginal/Torres Strait Islander

- (a) Are you of Australian Aboriginal descent? YES NO
(b) Are you of Torres Strait Islander descent? YES NO
(c) Do you identify as an Australian Aboriginal? YES NO
(d) Do you identify as a Torres Strait Islander? YES NO

Please attach a confirmation letter from an incorporated Aboriginal and/or Torres Strait Islander organisation or association.

3. Community

- (a) What name would your community like you to be referred to as? \_\_\_\_\_
(b) Which community/ies do you belong to or are associated with and where is this community located?
\_\_\_\_\_

4. Contact details of supporting community member

Please provide contact details of an Australian Aboriginal or Torres Strait Islander member of the above community/ies who can be contacted about your application

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

I declare that the information on this form is correct and true.

Applicant Signature

Date

Please submit form to the above postal or email address