



GURRINY YEALAMUCKA
HEALTH SERVICES ABORIGINAL CORPORATION

Gurriny Yealamucka Health Services Aboriginal Corporation



Forward completed application form to:
Gurriny Yealamucka Health Services
Health Scholarship
ATTN: CEO
1 Bukki Road
Yarrabah Q 4871

Closing date for applications

COB: Wednesday March 27, 2024



GURRINY YEALAMUCKA
HEALTH SERVICES ABORIGINAL CORPORATION

If you anticipate or experience any difficulty in lodging your Application Form by the closing date of **COB Wednesday March 27, 2024**, please contact Gurriny Yealamucka Health Services Aboriginal Corporation (GYHSAC).

The sooner you do this, the more options that may be available.

Phone: 07 4224 4100

Email: sue.andrews@gyhsac.org.au

Fax 07 4056 9368

Do NOT fax or email your application without first contacting GYHSAC.

You **MUST** also send your application in hard copy.



BACKGROUND

The Gurriny Yealamucka Health Scholarship provides financial support to Yarrabah undergraduate Aboriginal & Torres Strait Islander students in health-related disciplines.

The Scheme aims to increase the number of Aboriginal & Torres Strait Islander people in the health workforce.

Scholarship places are awarded to undergraduate students in the following health disciplines:

- Enrolled Nurse
- Registered Nurse
- Allied Health (all specialties)
- Dental/Oral Health
- Mental Health
- Medicine (including postgraduate entry-level courses)
- Direct Entry Midwifery
- Health Service Management
- Health Promotion/Education

It is hoped that recipients will make a significant contribution to Aboriginal and Torres Strait Islander health.

ELIGIBILITY

To be eligible for a scholarship, applicants must be of Aboriginal or Torres Strait Islander descent, identify as an Aboriginal and/or Torres Strait Islander person from the community of Yarrabah and provide evidence that you are accepted as being of Aboriginal or Torres Strait Islander descent in the community of Yarrabah.

Applicants must also intend to study, or already be studying, at an approved Australian Educational Institution in the year that the scholarship is offered.

SELECTION CRITERIA

Scholarships will be awarded on the recommendation of a selection committee and will be based on the following criteria:

- Community involvement and leadership;
- Commitment to Aboriginal & Torres Strait Islander health; and
- Commitment to improving Aboriginal & Torres Strait Islander health in the future.



VALUE OF SCHOLARSHIP

Full-time scholarship awardees will receive up to \$15,000 over 3 years. The scholarship will be paid at the beginning of each study year, depending of academic results.

Please note: It is your responsibility to seek advice from Centrelink on how the scholarship payment will affect your AbStudy or any other Government payment.

APPLICATION PROCESS

Scholarships will be awarded on the basis of your responses to the questions in this Application Form.

Applications must be submitted to Gurriny and postmarked on or before the advertised closing date.

Successful applicants must formally agree to the terms and conditions of the Gurriny Yealamucka Health Scholarship.

Unsuccessful applicants are entitled to reapply the following year.

Gurriny Yealamucka Health Service reserve the right to suspend, amend or vary the Guidelines, the scholarship application process or any part of it.

LATE APPLICATIONS

Late or illegible applications will not be accepted except in special circumstances. If you anticipate difficulties in submitting the Application Form by the closing date of DATE: please contact Gurriny Yealamucka Health Service



IMPORTANT INFORMATION

Only the information you provide on this Application Form will be considered.

Applicants must answer all questions in the space provided on the Application Form. Not responding to all questions may adversely affect consideration of your application.

This Application Form is only for the scholarship scheme and is not for entry to an educational institution. You must separately apply to the educational institution.

Further information is provided at the end of this form.

CHECKLIST

The following documents must be attached to your Application Form:

- A completed and certified copy of the Confirmation of Aboriginality form.
- If your name has changed a certified copy of relevant documents (e.g. marriage certificate).
- A Statutory Declaration with details of your estimated income for 2021/22

You **must** provide all of these documents. Not providing all documents may adversely affect consideration of your application.



Section A: APPLICANT DETAILS

Title	Family Name	Given Name	Second Given Name
Please attach a certified copy of relevant documents if your name/s have changed. e.g. marriage certificate			
Home Street Address	Town/Suburb	State & Post Code	
Postal Address	Town/Suburb	State & Postcode	
Phone - Day - Evening - Mobile	Fax	Email	
Age (in years)	Sex (please indicate) Male Female Not preferred		

Please note

Make sure the contact details you provide are current. It is important that the postal address and telephone numbers are correct. If there is a need to speak to you, this will be during standard business hours (9am to 5pm, Monday to Friday, Australian Eastern Daylight Saving Time). If it is difficult to contact you during those times, please provide details of how you may be contacted.

Please note

It is the responsibility of all applicants to ensure that their contact details are correct, and that it is possible for GYHSAC to contact them if required. If GYHSAC is continually unable to contact you through the contact details supplied, it is possible that you may forgo a scholarship.



SECTION B: CONFIRMATION OF ABORIGINALITY

Applicants must provide satisfactory evidence of their Aboriginal or Torres Strait Islander descent as eligibility is limited to:

- Persons of Aboriginal or Torres Strait Islander; and
- Who identify as an Aboriginal and/or Torres Strait Islander person; and
- Are accepted as being of Aboriginal or Torres Strait Islander descent in the community of YARRABAH.

To prove your status as an Aboriginal or Torres Strait Islander person, you must obtain confirmation in written form (“Confirmation of Aboriginality”) from an Indigenous organisation within the community YARRABAH in which you live or have previously lived.

Community organisations able to provide acceptable confirmation will usually be:

- a) an Aboriginal or Torres Strait Islander association incorporated under Part IV of the *Aboriginal Councils and Associations Act 1976*; or
- b) an incorporated community organisation where the majority of the governing body are Aboriginal or Torres Strait Islander persons.
- c) Aboriginal Shire Council

The Confirmation of Aboriginality must include:

- The signatures of two office holders.

Confirmation from a community organisation related to an academic institution will **not** be accepted.

A “Confirmation of Aboriginal or Torres Strait Islander Descent” form has been developed for use by applicants. If you do not already have a Proof of Aboriginality that fulfils the Gurriny Yealamucka Health Scholarship requirements, please complete this and attach it to your Application Form.



SECTION C: ENROLMENT INFORMATION

Question C1	Are you already enrolled at an Australian Educational Institution?	
	No	Go to Question C2
	Yes	Continue with the questions below
What area are you studying? (please tick)		
Enrolled Nurse		
Registered Nurse		
Direct Entry Midwifery		
Medicine*		
Dentistry / Oral Health		
Mental Health		
Allied Health <input type="checkbox"/> (please specify) _____		
Health Management <input type="checkbox"/>		
Health Promotion/Education <input type="checkbox"/>		
Where are you currently enrolled?		
Educational Institution:	Campus:	Name of Course:
Year that you commenced your course:	Year that you expect to complete your course:	Will you be studying full time or part time in 2024/25? (please indicate) Full time Part time

*** Please note**

Scholarship places are available for students enrolling in a postgraduate entry-level medicine degrees.



Question C2	If you have not yet enrolled at an Australian Educational Institution, please complete the questions below.	
What areas of study have you applied, or intend to apply, to study? (please tick all relevant boxes)		
Enrolled Nurse <input type="checkbox"/>		
Registered Nurse <input type="checkbox"/>		
Direct Entry Midwifery <input type="checkbox"/>		
Medicine <input type="checkbox"/>		
Dentistry / Oral Health <input type="checkbox"/>		
Mental Health <input type="checkbox"/>		
Allied Health <input type="checkbox"/> (please specify) _____		
Health Management <input type="checkbox"/>		
Health Promotion/Education <input type="checkbox"/>		
Where do you expect to study in 2024? Please tell us all courses that you have, or intend to, apply for entry.		
Educational Institution	Campus	Name of Course
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
Year that you commenced your course:	Year that you expect to complete your course:	Will you be studying full time or part time in 2024/25? (please indicate) Full time Part time



SECTION D: EDUCATION

Question D1	What level of education have you completed? (please tick)
	Years 7-9 <input type="checkbox"/>
	Years 10 <input type="checkbox"/>
	Year 11 <input type="checkbox"/>
	Year 12 <input type="checkbox"/>
	Tertiary <input type="checkbox"/> Name of Course _____
	Other Name of Course _____

Question D2	How did you hear about the Gurriny Yealamucka Health Scholarship (please tick)	
Colleague / Friend / Relative	<input type="checkbox"/> please specify	
Newspaper	<input type="checkbox"/> please specify	
Poster	<input type="checkbox"/> please specify	
Radio	<input type="checkbox"/> please specify	
Email	<input type="checkbox"/> please specify	
Internet	<input type="checkbox"/> please specify	E.g. Facebook
Educational Institution	<input type="checkbox"/> please specify	
Professional Organisation	<input type="checkbox"/> please specify	
Employer	<input type="checkbox"/> please specify	
School	<input type="checkbox"/> please specify	
Other	<input type="checkbox"/> please specify	



SECTION E: FINANCIAL INFORMATION

Question E1		What is your estimated income for 2024/25? (before tax)		
		Australian Income (excluding the Gurriny Yealamucka Health Scholarship) \$	Overseas Income \$	
Question E2		Where does your estimated income come from? (please indicate the estimated amount for each)		
		Centrelink Benefits	\$	
		Scholarships (Gurriny Yealamucka Health Scholarship)	\$	
		Employment	\$	
		Other	\$	
Question E3		Will you receive any other scholarships or bursaries in 2024? Or do you intend to apply for any other scholarships in 2024/25? (please tick)		
		Yes – continue below <input type="checkbox"/>		No – go to Question E4 <input type="checkbox"/>
Currently receiving	Have applied for	Name / Source	Amount per year	Number of Years
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
Question E4		If you are awarded a scholarship, do you wish to have part of the scholarship paid directly to your educational institution? (please tick)		
		Yes <input type="checkbox"/> If you are successful, the appropriate form will be included in your acceptance package.		No <input type="checkbox"/>
Question E5		If you are awarded a scholarship, do you wish to have part of the scholarship paid directly to your employer?		
		Yes <input type="checkbox"/> If you are successful, the appropriate form will be included in your acceptance package.		No <input type="checkbox"/>



Please note

Income

Your income is not a determining factor in whether to award a scholarship place. However, this information may assist the selection panel in determining the merit order of applicants.

Scholarships and Bursaries

Please provide the name and value of any other scholarships or bursaries that you may receive in 2024/25.

This will not affect your application for a Gurriny Yealamucka Health Scholarship but may affect the value of the scholarship awarded.

You are permitted to hold other scholarships; however the Gurriny Yealamucka Health Scholarship will only “top-up” other scholarships to a maximum cumulative total of \$5,000 per annum for full-time study.

For example, if you currently receive another scholarship valued at \$2,000 per annum, Gurriny Yealamucka Health Scholarship will award a maximum of \$3,000 per annum.

Centrelink Benefits

Funds paid directly to an educational institution for compulsory course fees (e.g. HECS/HELP) are not included in personal income for AbStudy purposes.

Successful applicants may choose to have part of their scholarship (\$2,000 per annum) paid directly to their educational institution.

Applicants are strongly encouraged to seek advice from Centrelink about the implications of scholarship payments on Centrelink benefits.

Employer Contributions

There are occasions when it is difficult for students who are working to obtain time away from work in order to study.

Employers may be reluctant to award study leave due to staff resourcing requirements. Therefore, scholarship holders may elect to have part of their scholarship payment paid directly to the employer to ease any financial strain due to the scholarship holder’s absence from the work place.

The maximum sum that may be paid to the employer is \$5,000 per annum for full time students.

This is offered as an incentive and option only if the scholarship holder’s situation warrants.

In most cases applicants will be able to partake in study without impact upon the employer and should therefore retain the full amount of the scholarship payment.





SECTION F: COMMUNITY INVOLVEMENT AND LEADERSHIP

Question F1	Please describe how you will actively contribute to Aboriginal and Torres Strait Islander health after completing your studies.
Responses must be limited to 200 words and may be in point form. Responses should be typed or written clearly	

Please note

You may wish to describe how your local community or other Aboriginal or Torres Strait Islander community may benefit when you complete your studies.

Question F2	Please describe you have demonstrated leadership through community involvement or other life experiences.
Responses must be limited to 200 words and may be in point form. Responses should be typed or written clearly	



Please note

Some examples of leadership skills include: setting a good example to others; influencing and supporting others; public speaking and advocacy; creative approaches to problem solving; responding to community needs; and empowering others.

<p>Question F3</p>	<p>Please outline your involvement in community activities, school activities, government programs or community organisations, including a description of the role that you played.</p>
<p>Responses must be limited to 200 words and may be in point form.</p> <p>Responses should be typed or written clearly</p>	Empty space for the answer

Please note

Applicants should demonstrate outstanding commitment to their community, leadership and Aboriginal and Torres Strait Islander health. Your statement should outline your involvement in community activities, including promoting the health and well-being of Aboriginal and Torres Strait Islander people.

Examples include: paid or voluntary work in health services, participation in youth & cultural groups, student representative groups, traineeships, youth groups or Cadets, Red Cross, or experience as a carer (for family members or others in the community).



Question F4	Please outline your involvement with organisations that provide health services to Aboriginal and / or Torres Strait Islander people.
Responses must be limited to 200 words and may be in point form. Responses should be typed or written clearly	

Question F5	What ambitions do you have to provide health care to Aboriginal and Torres Strait Islander people over the next 5-10 years?
Responses must be limited to 200 words and may be in point form. Responses should be typed or written clearly	



SECTION G: REFEREES

We require details of two referees.
Please Note: immediate relatives (i.e. brother, sister, parents, or grandparents) **may not be referees**. Please contact the Administrator if this is difficult for you.

First Referee	Name: Position: Contact telephone number: How do you know this person? (e.g. teacher, colleague, family friend) For how long have you known this person?
Second Referee	Name: Position: Contact telephone number: How do you know this person? For how long have you known this person?

Please note

Please provide the contact details of two referees who are not immediate family members. It is preferable that you have known your referees for at least two years. One should be an academic referee (e.g. from school), and the other referee should be able to comment on your contribution to the community.

Please ensure that your referees are aware that GYHSAC may wish to discuss your application.



SECTION H: DECLARATION

This declaration is legally binding and indicates that you have, to the best of your knowledge, provided true and correct information.

This declaration must be completed.

Declaration

I declare that:

- The information that I have supplied in this Application Form is true and correct in every particular. I understand that there are penalties that apply to providing false information.
- I will advise GYHSAC in writing of any changes in my circumstances, within 14 days of those changes occurring.

I understand that:

- The information on this form is collected for the purpose of assessing eligibility and selection for the Gurriny Yealamucka Health Scholarship.

I agree to:

- Sign an acceptance agreement with GYHSAC, if successful in my application for the Gurriny Yealamucka Health Scholarship.
- The information contained in this application form being released to GYHSAC and members of a selection panel for the purpose of assessment and eligibility for the Gurriny Yealamucka Health Scholarship.

Signature of Application

Date:

Date:

Signature of person completing the application form on the Applicants behalf

Please note

GYHSAC may wish to release information about you for the purpose of promoting the Scholarship Scheme. This would include only your name, suburb/region and State/Territory, along with information about your course of study and Educational Institution. Personal information such as phone number, email details or address would not be released.

Scholarship holders may be asked to participate in promotional activities. In signing this Declaration, you agree to the release of this information and to participate in promotional activities.





SECTION J: CHECKLIST

Please ensure that the following items are included in your application.

Please Tick	
	Your contact details
	A certified copy of your Confirmation of Aboriginality documents
	Certified evidence of any change of name (e.g. marriage certificate)
	Indication of whether you intend to study part-time or full-time
	Details of the Educational Institution at which you intend to study
	Details of any other scholarships you are receiving
	Names and contact details for two referees
	Signed the Declarations at Section H and Section I
	Kept a copy of the completed Application Form for your records

Please note

This checklist is to help you complete your application. Make sure that you have provided all the requested information with your Application Form.

SECTION K: GENERAL INFORMATION ABOUT THE SCHOLARSHIP SCHEME Scholarship Agreement

- Scholarship recipients will be provided with a copy of the terms and conditions of the Scholarship Scheme at the commencement of their scholarship, and will be required to sign a Scholarship acceptance form.
- Applicants under the age of 18 years must provide a parent / guardian signature.
- Scholarship payments will not commence until the signed Scholarship acceptance form, confirmation of enrolment in the nominated course, and any other requested documentation, is received by GYHSAC.



Ongoing Award of Scholarship Places

Ongoing award of scholarship places depend upon the scholarship holder continuing to meet the eligibility criteria.

The scholarship holder must provide GYHSAC with their study results and confirmation of ongoing enrolment prior to Scholarship payments being made for the next semester.

Where the scholarship holder has deferred study or is required to repeat one or more subjects, ongoing payment of the scholarship will be subject to review by Gurriny.

Where the scholarship holder defers study or is required to repeat a subject, any scholarship payment will be no more than the usual maximum per annum amount over the usual term of the course of study.

Scholarship holders who fail to meet the academic requirements of their course may still be eligible to receive scholarship payments if their educational institution permits to repeat that aspect of their studies.

Payments for the next academic semester will not be made until a Scholarship holder's ongoing eligibility is confirmed.

Scholarship holders must notify GYHSAC in writing of any substantial change to their financial circumstances or other eligibility criteria. This information must be received by GYHSAC within fourteen (14) days of the changes taking place. If the scholarship holder fails to inform GYHSAC of such changes, they will have ceased to meet the eligibility criteria and will be required to repay any funds received after the changes took place.

Deferral of Scholarship

A Scholarship offer may **NOT** be deferred

A scholarship holder may request a deferral of their scholarship place. This may be granted subject to:

- The Scholarship holder having already commenced studies and have received
- Scholarship payments in the first semester after being awarded a Scholarship;
- A maximum of 12 months (or two academic semesters) deferral being permitted
- during the course of study; and
- Deferrals may only be for periods of one or two semesters (i.e. not for part semesters, weeks or months).

- Any deferral may impact on eligibility for ongoing funding. (See 'Ongoing Award of Scholarship Places' above for further information.)
- Scholarship holders unable to fulfil the terms of the scholarship will forfeit the remainder of their scholarship without penalty. That is, the scholarship holder will be able to retain funds already paid.



Repayment of Funds

If the scholarship holder stops fulfilling the terms of the Scholarship and does not inform GYHSAC, they will be required to repay funds received from the time they ceased to be eligible.

It is in the scholarship holder's best interest to notify GYHSAC if they no longer fulfil the terms of the Scholarship. If a scholarship is withdrawn, no further payments will be made.

