

## APPLICATION STATUTORY DECLARATION

I,  (Full Name)  
of  (Address)  
occupation being

**make the following declaration under the *Statutory Declarations Act 1959*:**

1. I do solemnly and sincerely declare that the information supplied on my application form for the Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme is true and correct, including all addresses supplied.

**I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.**

Signature of person making declaration:  Full Name (printed):   
Declared at (location signed):  On (date):

**Before me:**

Witness Signature:  Full name (printed):   
Occupation:   
Address:   
Contact Email (optional):  Contact Number (optional):

*Note 1* A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

*Note 2* Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.

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**CONTACT THE SUPPORT CENTRE:** 1800 951 285 | support@ppaonline.com.au