

## ABORIGINAL AND TORRES STRAIT ISLANDER PHARMACY SCHOLARSHIP SCHEME

## **BEGINNING OF YEAR REPORT**

**New scholarship recipients please note:** You have recently been notified that you have been awarded a scholarship in the Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme. As a condition of receiving the scholarship, you must provide a Beginning of Year Report and supporting documents each year. Scholarship payments will commence when the Pharmacy Programs Administrator has accepted and approved the report and supporting documents.

# **Personal Details**

Name:			
Given Name	Family Name		
Address:			
Please provide details of how you can be contacted throughout the academic year.			
Address			
Suburb	State	Postcode	
Disease Namelson	Evenil Addresses		
Phone Number:	Email Address:		
If your email address or phone number changes th	roughout the year please	a undate these on the	
If your email address or phone number changes throughout the year, please update these on the <a href="Pharmacy Programs Administrator Portal">Pharmacy Programs Administrator Portal</a> or call the Support Centre.			
Course Details			
Name of University:	Full Name of Pharmacy Course:		
Year of Study: (1st, 2nd, 3rd or 4th)	<b>Expected Completion Date of Course</b>		

## **Bank Account Details**

If your bank details have changed, please update these on the <u>Pharmacy Programs Administrator</u> <u>Portal</u> or call the Support Centre.



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#### **Mentor Details**

Name:			
Given Name	Family Name		
Mentor Work Address (Rural Pharmacy):			
Address			
Suburb	State	Postcode	
Phone Number:	Email Address:		

Please submit the following documents as part of your Beginning of Year requirements:

## **First-time scholarship recipients**

- A Learning Plan (to be completed and signed by the student and mentor; a template can be found at <a href="https://www.ppaonline.com.au">https://www.ppaonline.com.au</a>)
- Proof of Rural Health Club membership.

### All other scholarship recipients

- A Learning Plan (to be completed and signed by the student and mentor; a template can be found at <a href="https://www.ppaonline.com.au">https://www.ppaonline.com.au</a>)
- Proof of full-time enrolment in your pharmacy course
- A copy of your academic results from the previous year
- A signed copy of the Annual Scholarship Agreement (available at https://www.ppaonline.com.au)
- Proof of your Rural Health Club membership.

This program is funded by the Australian Government Department of Health as part of the Seventh Community Pharmacy Agreement.



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