

RURAL PHARMACY SCHOLARSHIP SCHEME

APPLICATION STATUTORY DECLARATION

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

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

- I do solemnly and sincerely declare that the information supplied on my application form for the Rural 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: | <input type="text"/> | Full Name (printed): | <input type="text"/> |
| Declared at (location signed): | <input type="text"/> | On (date): | <input type="text"/> |

Before me:

| | | | |
|---------------------------|----------------------|----------------------------|----------------------|
| Witness Signature: | <input type="text"/> | Full name (printed): | <input type="text"/> |
| Occupation: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| Contact Email (optional): | <input type="text"/> | Contact Number (optional): | <input type="text"/> |

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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