

## RURAL PHARMACY SCHOLARSHIP SCHEME

## STATUTORY DECLARATION

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

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

1.

Note: Each matter to be declared must be set out in a separately numbered paragraph.

**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



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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](mailto:support@ppaonline.com.au)