INFORMATION
APPLICATION FOR SPECIAL CONSIDERATION

PLEASE READ BEFORE PROCEEDING WITH APPLICATION

1. GENERAL INFORMATION

- Students who wish to apply for Special Consideration for Clinical School/Region allocations are required to submit this form, together with a detailed personal statement outlining their grounds for special consideration and relevant supporting documentation.
- Applications based on medical grounds must include an original medical certificate confirming the details outlined in the application.
- This form must be read in conjunction with the current Allocation Guidelines and allocation Timetable, as published on the School of Medicine website.

2. APPLICATION DETAILS

When to Apply

- Applications must be received by 31 August 2014.
- Late applications will only be considered if a student can demonstrate the existence of extenuating circumstances which prevented submission by the deadline, such as by providing documentary evidence showing that the medical condition arose or first became apparent after the closing date.

How to Apply

- The Application form on pages 2-4 of this document must be completed and emailed to MBBS3and4@som.uq.edu.au by 11:59 pm on Sunday, 31 August 2014.
- Scanned copies of relevant supporting documentation must be included, such as medical certificates, letter/email of approval to undertake a rotation overseas etc.
- All original documentation must also be received by the University in hard copy by Wednesday, 3 September 2014:
  - In person: At the Mayne Medical School, Herston Campus, or Ochsner Clinical School, New Orleans.
  - By Mail: Student Administration, School of Medicine, The University of Queensland, Mayne Medical Building, 288 Herston Road, Herston QLD 4006.

Notification

You will be advised of the outcome of your application by email. Please remember to check your student email address regularly.

3. PRIVACY STATEMENT

The information on this form is collected for the primary purpose of assessing your application for special consideration in the clinical school/rotation order allocation process for 2015. Personal information may be disclosed to make an informed decision about the application. Otherwise your information will remain confidential and will not be disclosed to a third party without your consent unless disclosure is authorised or required by law. For further information please consult the UQ Privacy Management Policy at: http://ppl.app.uq.edu.au/content/1.60.01-right-information
School of Medicine
Phase 2 Clinical School/Region Allocations 2015

APPLICATION

APPLICATION FOR SPECIAL CONSIDERATION

1. PERSONAL DETAILS

TITLE
GIVEN NAME(S)
FAMILY NAME
STUDENT ID
STUDENT EMAIL
DAYTIME TELEPHONE NUMBER
MOBILE

YEAR OF STUDY

☐ YEAR 3 IN 2015
☐ YEAR 4 IN 2015

SELECT COHORT
☐ OCHSNER COHORT
☐ INTERNATIONAL ONSHORE COHORT (SEE SECTION 3)
☐ YEAR 3 RCS STUDENT APPLYING FOR YEAR 4 AT RCS IN 2015 (SEE SECTION 4)
☐ RURAL BACKGROUND STUDENT APPLYING FOR RCS ROCKHAMPTON OR RCS TOOWOOMBA
☐ OTHER

2. BASIS OF APPLICATION

PLEASE SELECT
☐ Medical reasons e.g. ongoing medical treatment within a geographical area
☐ Sport at state, national or international level
☐ Students with school-aged dependent children
☐ Students with medical carer responsibilities
☐ Students enrolled concurrently in RHD (for allocation to a Clinical School near supervisor)
☐ Other exceptional circumstances
☐ Need for specific rotation order due to extenuating circumstances

3. ONSHORE INTERNATIONAL STUDENTS APPLYING TO DO A ROTATION IN THEIR HOME COUNTRY/REGION

If you are an International Student who is not part of the Ochsner cohort, please indicate if you wish to undertake a rotation in your home country/region in 2015, and specify the Clinical Rotation/Discipline (e.g. Surgical Specialties, Mental Health) and if necessary, the Rotation Period (eg Rotation 1 or 2) in which you wish to apply to undertake this rotation. Please outline reasons.

Please note that this is only for the School’s information at this stage, and approval is subject to applying through the standard processes and requirements for undertaking international rotations, and availability of places.
4. YEAR 3 RCS STUDENTS APPLYING FOR YEAR 4 AT RCS IN 2015
If you are at the RCS in 2014 and wish to return to the RCS in 2015, please advise if you wish to do any particular rotation at another clinical school or non-UQ affiliated site, and provide details.

*Please note that this is only for the School’s information at this stage, and approval is subject to applying through the standard processes and requirements of the RCS and availability of places.*

5. OTHER STUDENTS APPLYING FOR SPECIFIC ROTATION ORDER
For the 2015 Academic Year only, Students who have obtained approval to undertake a Clinical Rotation overseas before clinical allocation preferences open may apply for Special Consideration to be allocated to undertake a specific Clinical Rotation in a specific MBBS Rotation Period.

*Please note that this is only for the School’s information at this stage, and approval is subject to applying through the standard processes and requirements for undertaking international rotations, and availability of places.*

6. RURAL BACKGROUND STUDENTS APPLYING FOR RCS ROCKHAMPTON OR RCS TOOWOOMBA
If you are from a rural background, ie if you have resided in an ASGC-RA Category 2-5 region for at least 5 years since commencing primary school, you may apply for preferential allocation to RCS Rockhampton or RCS Toowoomba

Please provide details and documentary evidence, or advise if you were admitted through the rural sub-quota
7. DECLARATION AND SIGNATURE

• I understand that the allocation decision is final.
• I confirm that I have read the Information page accompanying this application, the Allocation Guidelines and Allocation Guide, and I understand approval is not guaranteed.
• I declare that the information supplied herein is correct and complete and that the documentary evidence supporting this application is authentic.
• For an application on medical grounds, I confirm that the medical practitioner is not a near relative* or close associate**
• I authorise the University to obtain further information with respect to my application and, if necessary, to investigate the legitimacy of the documentation I have provided.
• I acknowledge that the submission of incorrect or false information may result in disciplinary action.

SIGNATURE ___________________________ DATE ____________

*Examples of near relatives: partner, child, brother, sister, or parent.
**Examples of close associates: close friends, neighbours, partners, children or colleagues

8. PERSONAL STATEMENT Please provide separate page if required