

WARNING: It is an offence under the Criminal Code (WA) to knowingly or recklessly give materially false or misleading information in order to obtain a financial advantage.

I am 22 years of age or older

I am under 22 years of age (please attach parent/carer form)

I, _____ Student Number: _____
(Full Name)

of _____
(Home address)

State that: (tick all that apply)

I have not applied for a Centrelink benefit

I do not currently receive a Centrelink benefit (e.g. Austudy, Youth Allowance, Abstudy)

I have applied for a Centrelink benefit

I was granted a Centrelink benefit

I was not granted a Centrelink benefit for the following reasons:

(please attach Centrelink correspondence to this document)

My total gross income for the previous two financial years was:

	<u>Year</u>	<u>Amount</u>
Last Financial Year:		\$
Financial Year Previous to above:		\$

My partner's total gross income for the previous two financial years was:

Last Financial Year:		\$
Financial Year Previous to above:		\$

Number of people financially dependent on the abovementioned income(s) (including self, partner, children, other family members):

List the age(s) of dependent child/children/student(s):

Members of my family have the following investments

(if no other investments please enter 0.00 as the dollar amount):

	<u>Year</u>	<u>Amount</u>
Investment Properties to the value of:		\$
Share Portfolio to the value of:		\$
		\$

and

I wish to provide the following additional information (if insufficient space a further maximum of 1 additional page may be attached to this form):

DECLARATION:

The information provided above is true and complete in every particular and I have not withheld any information that I believe is relevant to my eligibility or otherwise for a Commonwealth Supported Place in UWA's Doctor of Optometry, the subject of this application

Signature

Date

Please email clear scan of signed and completed form to
meddentadmissions@uwa.edu.au