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| **2018 ALLIED HEALTH ASSISTANT SCHOLARSHIP PROGRAM** |
| Please use this template to complete the selection criteria for your application |
| 1. **Description of the proposed training activity** (*Include timeframe for commencement and completion and detail about the course content, training delivery and assessment methods. Applicants must demonstrate that the training will commence before 31 March 2019)* |
| Word limit approx. 300 words |
| 1. **Explain the need for and relevance of this training with respect to your current or planned (future) role.** *(Include achievement of qualifications relevant to the job, increased skill, knowledge or confidence to perform work tasks)* |
| Word limit approx. 500 words |
| 1. **Description of the other funding options that have been explored** (*Include Smart and Skilled funding, local funding options, etc)* |
| Word limit approx. 300 words |
| 1. **Name and contact details of the Registered Training Organisation (RTO) that you are planning to enrol with to complete this training. Include the cost quoted by this RTO for the completion of this training***. Provide evidence of this quote (Email from the RTO, Smart and Skilled Eligibility Report, official RTO quote as the Scholarship awarded will be based on this amount).* |
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| 1. **My responses to the Selection Criteria have been written in my own words.** |
| **⃝ Yes**  **⃝ No** |
| **Applicant** |
| **Name:**  **Signature:** |

**Please complete the selection criteria, save to your computer as either a PDF or Word document (along with the RTO quote) and then upload to your online application.**