Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme (ATSIPSS)

Scholarship Agreement

The Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme is made available by the Australian Government to assist Aboriginal and Torres Strait Islander students, particularly those from a rural background, during their pharmacy studies. Financial assistance of $15,000 per annum is provided for a maximum of four years.

To ensure that the scholarships are paid to those students who meet the eligibility criteria, you are asked to sign the following statement, which confirms your agreement to meet certain obligations attached to receiving these scholarship funds.

I, ... *(printed name of scholarship recipient)* hereby accept an Aboriginal and Torres Strait Islander Pharmacy Scholarship. In accepting this scholarship, I confirm the following:

1. I am the person who applied for consideration for payment under the Scholarship Scheme.
2. I agree to contact the Pharmacy Guild and notify them in writing within 7 days, should any of the following events occur:
   - I withdraw, defer, am excluded from my pharmacy course, or cease to study pharmacy full-time.
3. I consent to my name, the rural region or town I come from and the university I attend being used in public documents or media reports, or being disclosed to third parties, in order to promote and publicise the Scholarship Scheme.
4. I consent to my contact details and the name of the university that I attend being provided to the National Rural Health Network to ensure that I receive information from my university's Rural Health Club.
5. I agree to provide evidence of my membership to my university's Rural Health Club.
6. I agree to participate in the Rural Pharmacy Scholarship Mentor Scheme and undertake the required activities, as outlined in the Information Booklet.
7. I understand that complying with the requirements set out in this document, the Aboriginal and Torres Strait Islander Scholarship Scheme Guidelines, and the Information Booklet is a requirement for receiving scholarship funds and failure to do so may lead to the withdrawal of my scholarship.
8. I understand that obtaining scholarship funds for which I am not eligible may render me liable to prosecution under the laws of the Commonwealth.

Signature ..... Date .....

Please note that any information you have supplied to the Pharmacy Guild of Australia or Department of Health and Ageing in connection with your application for the Rural Pharmacy Scholarship Scheme will be dealt with in accordance with the provisions of the National Privacy Principles, which came into effect on 21 December 2001