## **RIPPAH Placement Expression of Interest Application Form**

Stu	dent surname:									
	dent given name(s):									
Em										
	bile number:									
Uni	versity:									
	alth profession:									
	dent number:									
	ended year of placemen	t:								
	pected year of graduatic									
	PAH eligibility#:		☐ Yes, I am eligible and enrolled as a domestic student							
	cement preference*:		□ RIPPAH Offer 1 □ RIPPAH Offer 2 □ No preference							
#plea	se refer to the RIPPAH w	ebsite for specif	ïcs on e	ligibility				•		
	se refer to the RIPPAH w				t dates					
Pleas	se rate your level of inte	rest in a RIPPA	H expe	erience						
	0 1 2	3 4	5	6	7	8	9	10		
(Not i	interested)	5 4	0	U	'	0	-	interested)		
(							(1-1)			
Pleas	se indicate the three mai	in factors influe	encing	your deo	cision t	to apply:				
	Rural lifestyle			\$100/	week b	ursary (u	p to \$20	00)		
	Interest in rural health	issues				commun	•	,		
	Free accommodation	100000						-		
		1								
	Remote learning oppor		Interested in living in the rural location							
	Placements mostly in o	-	on I want to work in a rural area on graduation							
	Opportunity for paid er	ortunity for paid employment while on placement								
	Other: please specify _									
In 25	0 words or less please inc	licate your reas	ons for a	applying	for a R	IPPAH PI	acemen	t:		
Pleas	se tick any that apply:									
i iou	bo tiok any that apply.									
	I am a member of a ru	al health club		Rural	origin					
	Rural high schooling				-	based frie	nds / far	mily		
Any c	other comments?									
	se indicate if you would South West (note, this ex					ment whi	ile unde	rtaking a RIPPAH	placement in	
	Yes		No				Mayb	e		
Any c	other comments?									



Building better health in the bush

## **Education Provider Endorsement Section**

University contact name/position:	
Email:	
Contact number:	
Signature:	

Please comment on the applicant's suitability for the RIPPAH program, including any strengths which would support living and undertaking placement away from home as well as providing peer support to other students:

Please comment on any relevant placement requirements including placement timings:

If successful, the university will make all reasonable endeavours to facilitate the applicant's participation in RIPPAH as part of their clinical placement program

□ Yes

🗆 No

Please return this form to <u>SWHHS\_alliedhealthstudents@health.qld.gov.au</u> Please note, all sections (EOI and Education Provider Endorsement Section) must be completed for the EOI to be eligible

Submitting an expression of interest received will not guarantee a RIPPAH placement offer. All RIPPAH placements will be offered in collaboration with your university coordinator.

If you have questions or would like any further information, please contact: <u>SWHHS\_alliedhealthstudents@health.qld.gov.au</u>

This form has been adapted, with permission, from the University of Newcastle Department of Rural Health 'DRH Year-Long 2019 Placement Application' form. We acknowledge the efforts with gratitude for sharing.

