Pathway to apply for entry into the Doctor of Clinical Podiatry (DClinPod) degree program

Coversheet
This pathway provides an opportunity for those who have completed a podiatry or podiatric medicine degree to apply for entry into the UWA DClinPod program to train to become a Podiatric Surgeon.

NOTE: Successful completion of the DClinPod does not guarantee registration with AHPRA and the Podiatry Board of Australia as a specialist Podiatric Surgeon. The DClinPod program is currently being assessed by the Australian and New Zealand Podiatry Accreditation Council for accreditation as a program in podiatric surgery.

Places in course are limited and some of the Level-1 core units may only be offered every second year, depending upon enrollment numbers and the availability of the unit.

Prerequisites
- Unrestricted registration as a general podiatrist
- Minimum GPA of 5.0 based on the last two years of full time study in the BPodM or DPM (or equivalents)
- Minimum of 12-months clinical experience as a general podiatrist
- Letter of support from a registered podiatric surgeon

The selection process
Applicants who fulfil the prerequisites should complete the application form and submit a structured personal statement as outlined on the application form.

All eligible applicants will be interviewed using their personal statement as a basis for the interview.

Final ranking
Ranking will be based on a combined score comprising:

GPA: Interview score : Personal statement score in the ratio 60:30:10

Quota
The quota for the course varies from year to year but is usually no more than three places.
Application for Special Entry in 2014 to the Doctor of Clinical Podiatry (DClinPod) program
(Domestic Students)

1 SUBMITTING THIS APPLICATION FORM

ELIGIBILITY
These places are only available to domestic students who are Australian citizens or have permanent residency.

2 PERSONAL DETAILS

Dr/Mr/Ms/Miss/Mrs etc
Given Names
Family Name
Preferred Name
Former Family Name (if Applicable) Please attach evidence of change of name to application
Date of Birth (dd/mm/yy)
Sex M F
Contact Address Postcode or Country
Home Address (if different from Contact Address) Postcode or Country
Business Phone Home Phone
Mobile Facsimile
Email See Electronic Communication (Section 10)
(All applicants must provide a current email address and advise of any changes to contact details)
Emergency Contact Phone

3 ENROLMENT

Have you ever been allocated a student number from The University of Western Australia?

NO YES If YES, state student number Year last attended

4 PREREQUISITES

For the DClinPod:
1. Unrestricted registration as a podiatrist.
2. Grade Point Average of 5.0 in the BPodM, DPM or equivalent qualification
3. Minimum of 12-months clinical experience as a general podiatrist
4. Letter of support from a registered podiatric surgeon

5 EDUCATIONAL HISTORY

Please supply with your application an original transcript or certified copy of your academic record for tertiary studies (this is still required for studies undertaken at UWA). The Faculty will only accept original documents or correctly certified copies. Please show all attempts made at tertiary and technical level studies.

Tertiary or Technical
Year Commenced Year Completed

Enter: PG = Postgraduate; BD = Bachelor’s Degree; DN = Diploma/Assoc Dip (Not TAFE); DT = Diploma/Assoc Dip (TAFE); OT = Other TAFE Award

Enter: 1 = Never Commenced; 2 = Commenced but not completed; 3 = Completed

Name of Course/Award (eg BSc) Institution, Country Student Number

6 CITIZENSHIP/RESIDENCY STATUS

Please attach to the application, original or certified copies of documentation of Citizenship/residency status.

1. Are you of Aboriginal and/or Torres Strait Islander Origin?

NO YES Torres Strait Islander Origin YES Aboriginal Origin
2. What is your Citizenship or Residency Status?

- [ ] Australian Citizen
- [ ] New Zealand Citizen (or diplomat or consular representative)
- [ ] Possess a Permanent Residency Visa (permitted to stay in Australia indefinitely)

3. In what country were you born?

4. Year of arrival (if not born in Australia)

5. Do you speak a language other than English at your permanent home residence?

   - [ ] YES
   - [ ] NO

If YES, please state language(s) spoken _____________________________

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**ENGLISH LANGUAGE COMPETENCY – ENTRY REQUIREMENTS**

Please indicate which of the following requirements have been successfully completed and when they were completed. *Original or certified documentation of this competency must be attached to the application.*

The minimum requirement for English language competency is one of the following:

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualification through WA Certificate of Education/TEE or equivalent (pass in English, English Literature or English as a Second Language)</td>
<td>YYYY</td>
</tr>
<tr>
<td>Successful completion of the last two years of full-time or equivalent degree studies undertaken in Australia</td>
<td>MM/YY</td>
</tr>
<tr>
<td>IELTS: 7.5 (no individual band less than 7.0)</td>
<td>DD/MM/YY</td>
</tr>
</tbody>
</table>

If your English Language qualification is not listed above, enter its details below in “Other” and supply supporting documentation. It will then be assessed by university staff to determine whether it meets minimum entry requirements.

- [ ] Other _____________________________ (To be assessed on an individual basis) | DD/MM/YY |

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**PERSONAL STATEMENT**

Please provide a personal statement which clearly addresses each of the following questions/statements. You should write no more than 1500 words in total. As well as the content, your personal statement will be assessed on the presentation and structure of your response, however there is no set format required. This personal statement will be used as the basis of a face-to-face interview.

Q1: Explain why you would like to become a Podiatric Surgeon.

Q2: Describe how your previous experiences have influenced your interest in a career in Podiatric Surgery.

Q3: Detail your relevant personal qualities and characteristics. How will you put these to use as a Podiatric Surgeon?

Q4: Podiatric Surgery is a challenging career. What challenges do you anticipate in both studying and practising Podiatric Surgery?
Electronic Communication

When students enrol at UWA they are automatically assigned an email address. This address is then used by the University for all official electronic correspondence unless you advise that you require hard copy documents. A form to request hardcopy documents is available from Student Administration, Hackett Hall or from www.studentadmin.uwa.edu.au/welcome/forms.

Commonwealth Assistance

(If you intend to request Commonwealth assistance, please sign below, otherwise leave blank. In addition to this signature, candidates requesting Commonwealth assistance must complete and submit a “Request for HECS-HELP Assistance” form at the time of enrolment.)

I understand that the:

- authority to collect the information on this form is contained in the Higher Education Support Act 2003;
- information is collected for program administration purposes;
- information may be shared for these purposes between the Australian Taxation Office and the Department of Education Science and Training; and
- information may not otherwise be disclosed without my consent unless authorised or required by law.

Candidate’s Signature: __________________________________ Date: DD/MM/YY

Declarations

Authority to Access Academic Transcripts

I hereby AUTHORISE The University of Western Australia to make enquiries of, and to obtain official records from, any university and tertiary educational institution concerning my current or previous attendance which, in its absolute discretion, it believes are necessary to be made or obtained and, if necessary, seek academic information or transcripts. Where necessary QualSearch will be engaged to access this academic information. I understand that The University of Western Australia is not responsible if any educational body/institution does not supply these records. I understand that the result of the search will be made available to me on request and that an audit of this authority may also be undertaken.

General Declaration

I agree to obey the statutes, regulations and rules of The University of Western Australia as far as they may apply to me. I declare that the information I have submitted with this application is a true and complete record of all academic results I have achieved at each and every university and tertiary educational institution which I have attended and I acknowledge that my failure to disclose my true and complete tertiary academic record, the provision of incorrect information or the withholding of relevant information, may result in the cancellation of my enrolment at any stage, and that this action may be recorded on my student file. I will inform The University of Western Australia immediately of any change to my contact details.

I agree that I have read and understood the information provided on the application cover sheet.

Candidate’s Signature: __________________________________ Date: DD/MM/YY

Submit this Form

Please post your completed application and accompanying documentation to the address shown below by 20th December 2013.

Post:
Faculty Manager, Admissions
Faculty Admissions Office
Faculty of Medicine, Dentistry and Health Sciences
M501, 35 Stirling Highway
CRAWLEY Western Australia 6009

Fax*: +61 8 6488 4848
Email*: meddentadmissions@uwa.edu.au

*Original or Certified transcripts are required therefore applicants who fax or email their application form must also post the hardcopy supporting documentation.
<table>
<thead>
<tr>
<th>INSTRUCTIONS</th>
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<tbody>
<tr>
<td><strong>COMPLETING THIS APPLICATION FORM</strong></td>
</tr>
<tr>
<td>Applicants must complete all sections of this application form.</td>
</tr>
<tr>
<td><strong>DOCUMENTS ACCOMPANYING YOUR APPLICATION</strong></td>
</tr>
<tr>
<td>All documents must be original copies or copies certified by a Justice of the Peace, appropriate certifying authority or an authorised UWA staff member. If documents are in a language other than English, the original document must be accompanied by an official English translation.</td>
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<tr>
<td><strong>APPLICATION FORM CHECKLIST</strong></td>
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<tr>
<td>Please ensure that you have:</td>
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<tr>
<td>- Entered your name and contact details, including your email address (if applicable).</td>
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<tr>
<td>- Advised whether you were previously enrolled at UWA and if so, given your student number and year last attended</td>
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<tr>
<td>- Entered your course preference/s, including course name</td>
</tr>
<tr>
<td>- Entered your educational history</td>
</tr>
<tr>
<td>- Completed the citizenship/residency status details</td>
</tr>
<tr>
<td>- Indicated your English language qualification</td>
</tr>
<tr>
<td>- Supplied information regarding prerequisites</td>
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<tr>
<td>- Signed the Commonwealth Assistance Declaration</td>
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<tr>
<td>- Signed the declaration</td>
</tr>
<tr>
<td>- Completed and attached the Personal Statement</td>
</tr>
<tr>
<td>- Attached all original or certified copies of supporting documentation (including academic transcripts of qualifications not obtained at UWA), information regarding prerequisites, proof of citizenship/residency status and English language competence, evidence of name change (if applicable).</td>
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</tbody>
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**FURTHER INFORMATION ON COURSES AND STUDY AT UWA**

Further information on student services at UWA together with comprehensive information relating to enrolment, examinations, fees and charges and other relevant policies and procedures can be found at http://www.studentadmin.uwa.edu.au and http://www.studyat.uwa.edu.au/postgraduate.