



Scholar Agreement 2010

The Rural Australia Medical Undergraduate Scholarship (RAMUS) Scheme is made available by the Australian Government to assist students with a rural background during their medical studies. Financial assistance of \$10,000 per annum, or on a pro-rata basis for a part-year of study, is provided for the period of the medical course after award of a scholarship.

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 a Rural Australia Medical Undergraduate Scholarship from the Australian Government. In accepting this scholarship, I confirm the following:

1. I am the person who applied for consideration for payment under the RAMUS Scheme.
2. I agree to contact the National Rural Health Alliance, the RAMUS national management agency, immediately and to notify the Alliance in writing within seven days, should any of the following events occur:
 - I withdraw from, defer, am excluded from my medical course, or cease to study medicine full-time;
 - I commence honours or a double degree; or
 - my financial circumstances change substantially.
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 RAMUS Scheme.
4. I consent to the National Rural Health Alliance providing my name and my contact details to my university's Rural Health Club to confirm my membership and to ensure that I receive information from the club.
5. I agree to provide evidence to the National Rural Health Alliance of my membership of my university's Rural Health Club.

6. I consent to the National Rural Health Alliance informing the university at which I am enrolled that I am a recipient of the RAMUS.
7. I agree to participate in the Rural Doctor Mentor Program and undertake the required activities, as outlined in the RAMUS Guidelines.
8. I agree to forego any other scholarships, cadetships or bursaries with a total value of more than \$7,000 and to inform the National Rural Health Alliance about other scholarships, cadetships or bursaries that I hold.
9. I understand that complying with the requirements set out in this document, the RAMUS Application Guidelines, and the Information for RAMUS Scholars and Information for RAMUS Mentors documents is a condition of receiving scholarship funds and failure to do so may lead to the withdrawal of scholarship.
10. 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.....

Any information you have supplied to the Department of Health and Ageing and/or the National Rural Health Alliance in connection with your acceptance of a RAMUS Scheme scholarship will be dealt with in accordance with the provisions of the *Privacy Act 1988* and, in particular, the Information Privacy Principles set out in section 14 of that Act.

Please complete this form and return it by **31 December 2009** to:
NRHA (RAMUS)
PO Box 280
DEAKIN WEST ACT 2600 Fax 02 6285 4670 Email ramus@ruralhealth.org.au