



◦ **BENDIGO ORAL HEALTH & DENTISTRY SOCIETY** ◦  
**BENDIGO ORAL HEALTH & DENTISTRY SOCIETY (BOHDS)**

**Articulator Loan Scheme Application Form**

This form is to be used by students who have **not** already submitted a scholarship application via the VTAC online portal in 2016. The articulator loan scheme lasts for three (3) years, after which students are required to return the articulator back into the loan scheme.

The Bendigo Oral Health & Dentistry Society are making provision of an articulator loan scheme in tandem with the Bendigo Students Association. Provision of articulators to students in the course would be to those experiencing financial hardship and burden.

To be eligible, students are required to have submitted confirmation of a new articulator purchase for 2017. Provision of an articulator via this loan scheme will be carried out through reimbursement of the full purchase price of the articulator to the successful applicants. Students are required to pay an annual loan fee of \$140 a year for 3 years, as well as a \$100 bond, which will be returned to the recipient at the conclusion of the loan period upon return of instruments. Please note that an upfront payment of \$520 (3 x \$140 per year loan fee + \$100 bond) is payable to the Bendigo Student Association/BOHDS before receiving your articulator.

**Closing Date: 3pm Friday 4<sup>th</sup> November 2016**

Please return this completed form by the closing date to the General Manager of the Bendigo Student Association (BSA) via one of the following methods:

1. Email – [generalmanager@bsabendigo.com.au](mailto:generalmanager@bsabendigo.com.au)
2. Hand in at the BSA Information Desk on the Student Union Floor, Bendigo La Trobe Campus
3. Post to: Mitch Trevena  
General Manager, Bendigo Student Association  
PO Box 199  
Bendigo Vic 3552

(Your application must reach the Bendigo Student Association by the closing date)

**Declaration**

All information provided by me in the following application, including supporting documentation, is, to the best of my knowledge, true and correct.

I understand and accept that if the information provided by me in this application is deemed to be false or misleading, whether it is before or after the Scheme has been administered, that BOHDS has the right to cancel immediately my Articulator Loan Scheme. If the Articulator Loan Scheme is revoked from me, I understand that I may forgo the deposit made to BOHDS.

I understand that false or misleading information is a serious offence under the criminal code (Commonwealth).

.....  
(Print Name)

.....  
(Signature)

.....  
(Date)

**PERSONAL DETAILS:**

Given Name 1: \_\_\_\_\_ Given Name 2: \_\_\_\_\_

Family Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female (please circle)

Postal Address: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

What year did you commence your course with the School of Dentistry and Oral Health? \_\_\_\_\_

1. Are you of Australian Aboriginal or Torres Strait Islander descent? Yes/ No
2. Please indicate your citizenship:
  - Australian citizen
  - Australian permanent resident (hold an Australian permanent residency visa)
  - Australian temporary resident (hold an Australian temporary visa)

If permanent or temporary resident, complete the following:

What visa type (number) is printed on your visa? \_\_\_\_\_

3. Do you have a refugee background and arrived in Australia in the past 10 years?  
Yes / No

If yes, are you registered with La Trobe University's Support Program for students with a refugee background? Yes/ No/ Unsure

If you answered no or unsure above, **you must attach a certified copy of your visa document relating to your travel to Australia.**

4. Were you born outside Australia? Yes / No

If yes please complete details below:

What country were you born in? \_\_\_\_\_

What year did you arrive in Australia? \_\_\_\_\_

5. Do you speak a language other than English at home? Yes / No

What language is spoken at home? \_\_\_\_\_

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### **Educational History:**

1. What is your highest level of education prior to entering studies? \_\_\_\_\_

2. Are you the first to attend university in your immediate family? Yes / No (please circle)

3. Have you previously received any scholarships to assist you at University? Yes / No (please circle)

If yes, what type of scholarship, when and what value? \_\_\_\_\_

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**Financial Circumstances:**

1. Have you been severely disadvantaged over an extended period of time by your socio-economic circumstances? Yes / No (please circle)

2. Do you receive any of the following from Centrelink (tick all that apply):

- ABSTUDY
- Austudy
- Carer Payment
- Carer Allowance
- Disability Support Pension
- Exceptional Circumstances Relief payment
- Farm Family Restart
- Farm Household Support
- Low Income Health Care Card
- Newstart Mature Age Allowance
- Newstart Allowance
- Parenting Payment Partnered
- Parenting Payment Single
- Youth Allowance
- Other benefit (not listed above)
- None of the above

***If you are receiving a Centrelink benefit you must attach an Income Statement from Centrelink when you submit your application.***

***If none of the above are ticked, please complete the following:***

If you are not eligible for any Centrelink benefits, describe the exceptional financial hardship you have experienced and explain why you are not eligible for any Centrelink benefits. ***Please limit your response to 200 words on a separate page***

State how long these circumstances have lasted and whether you expect these circumstances to continue in the future.

***Please limit your response to 100 words on a separate page.***

Provide a copy of last year's tax statement, and copies of the last two payslips. If you are dependent on your parents then these documents should relate to their income. If you are independent, they should relate to your income.

3. Financially, do you provide for yourself or do you rely on at least one other source of income to live? Provide for myself / Depend on another person's income (please circle)

If you provide for yourself, please indicate your yearly gross income \_\_\_\_\_

If you depend on another person, please indicate your gross household income \_\_\_\_\_

How much do you pay each week for rent/mortgage? \_\_\_\_\_

4. Describe how your financial circumstances have adversely affected your education.

***Please limit your response to 500 words on a separate page.***

5. How many dependents, if any, do you have? \_\_\_\_\_

If you have dependents please list their age and relationship to you below:

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6. Which statements below best describe your household structure?

Marital Status:  Single       Married       Separated/Divorced

Household:     Lives alone     Lives with partner     Lives with parents

Shared accommodation

Children & Parenting:  Have children       Have no children

*Sole custody*       *Shared custody*

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### **Personal Disability or Medical Consideration**

1. Do you have a long term disability or medical condition which impacts your studies?  
Yes / No (please circle)

If yes, please describe how your medical condition/disability has impacted on your studies.

***Please limit your response to 300 words on a separate page.***

### **Applicant Statement:**

Please let us know about any other circumstances not covered in your application that would influence your eligibility for receiving this Articulator Loan Scheme.

***Please limit your response to 300 words on a separate page.***

Please return this form completed by 5pm on Friday 4<sup>th</sup> November 2016 to the General Manager of the Bendigo Student Association Inc. via one of the following:

1. Email – [generalmanager@bsabendigo.com.au](mailto:generalmanager@bsabendigo.com.au)
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