

ADMISSIONS PORTFOLIO 2009 for 2010

UNIVERSITY OF WOLLONGONG

Graduate School of Medicine

Submit before: 4:00 PM Friday, 5th June 2009 (see guidelines for instructions on how to complete this form)

Domestic & International Applicants

| | | | | | |
|------------|-------------|----------------------|------|-----------|--------------------|
| First Name | Gregory | Preferred First Name | Greg | Phone No. | 02 4227 1234 |
| Last Name | House | | | E-mail | greg_house@doc.com |
| Address | 1 Cane Road | | | | |
| City | Hurtville | State | NSW | Postcode | 1000 |
| Country | Australia | | | GAMSAT ID | 1234567 |
| | | | | Date | 09-02-2009 |

LEADERSHIP

1

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|--------------------------------|-----------------------------|-----------------|------------|----------|--------------------------------|--------------|---|------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Name & address of organisation | Woonona High School 2517 | | | | Postcode | 2715 | | | | | | |
| Activities | Senior Boys Basketball Team | | | | | | | | | | | |
| Position title | Captain | Start date | 01/01/1999 | End date | 12/12/2001 | Approx hours | 3 | Week | Month | Year | Total | |
| | | | | | | | | Per | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Who can we contact to verify? | Full Name | Mr Joe Caffoops | | Position | Principal- Woonona High School | | | | | | | |
| | Phone No. | 02 4227 4567 | | E-mail | jcaffoops@woon.com.au | | | | | | | |

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|--------------------------------|---|---------------|----------|----------|------------------------|--------------|---|------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Name & address of organisation | Kiama Squash Club, 30 Robinson Avenue, Minnamurra | | | | Postcode | 2533 | | | | | | |
| Activities | Promotion of squash as a sport | | | | | | | | | | | |
| Position title | Secretary | Start date | Feb 2006 | End date | Dec 2006 | Approx hours | 3 | Week | Month | Year | Total | |
| | | | | | | | | Per | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Who can we contact to verify? | Full Name | Gregg Rowland | | Position | President | | | | | | | |
| | Phone No. | 02 4227 7680 | | E-mail | rowlandg@squash.com.au | | | | | | | |

3

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|--------------------------------|-----------|------------|--|----------|----------|--------------|--|------|--------------------------|--------------------------|--------------------------|--------------------------|
| Name & address of organisation | | | | | Postcode | | | | | | | |
| Activities | | | | | | | | | | | | |
| Position title | | Start date | | End date | | Approx hours | | Week | Month | Year | Total | |
| | | | | | | | | Per | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Who can we contact to verify? | Full Name | | | Position | | | | | | | | |
| | Phone No. | | | E-mail | | | | | | | | |

4

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|--------------------------------|-----------|------------|--|----------|----------|--------------|--|------|--------------------------|--------------------------|--------------------------|--------------------------|
| Name & address of organisation | | | | | Postcode | | | | | | | |
| Activities | | | | | | | | | | | | |
| Position title | | Start date | | End date | | Approx hours | | Week | Month | Year | Total | |
| | | | | | | | | Per | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Who can we contact to verify? | Full Name | | | Position | | | | | | | | |
| | Phone No. | | | E-mail | | | | | | | | |

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|--------------------------------|-----------|------------|--|----------|----------|--------------|--|------|--------------------------|--------------------------|--------------------------|--------------------------|
| Name & address of organisation | | | | | Postcode | | | | | | | |
| Activities | | | | | | | | | | | | |
| Position title | | Start date | | End date | | Approx hours | | Week | Month | Year | Total | |
| | | | | | | | | Per | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Who can we contact to verify? | Full Name | | | Position | | | | | | | | |
| | Phone No. | | | E-mail | | | | | | | | |



University of Wollongong - Graduate School of Medicine ADMISSIONS PORTFOLIO 2009 for 2010

NAME:

GAMSAT ID:

CAPACITY TO WORK WITH OTHERS

1

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per Week Month Year Total

Who can we contact to verify? Full Name: Position:
Phone No.: E-mail:

2

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per Week Month Year Total

Who can we contact to verify? Full Name: Position:
Phone No.: E-mail:

3

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per Week Month Year Total

Who can we contact to verify? Full Name: Position:
Phone No.: E-mail:

4

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per Week Month Year Total

Who can we contact to verify? Full Name: Position:
Phone No.: E-mail:

5

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per Week Month Year Total

Who can we contact to verify? Full Name: Position:
Phone No.: E-mail:

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ADMISSIONS PORTFOLIO 2009 for 2010

NAME:

GAMSAT ID:

SERVICE ETHIC

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Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Week Month Year Total Per

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

2

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Week Month Year Total Per

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

3

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Week Month Year Total Per

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

4

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Week Month Year Total Per

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

5

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Week Month Year Total Per

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

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GAMSAT ID:

DIVERSITY OF EXPERIENCE

1

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per: Week Month Year Total

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

2

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per: Week Month Year Total

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

3

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per: Week Month Year Total

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

4

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per: Week Month Year Total

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

5

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per: Week Month Year Total

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

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NAME:

GAMSAT ID:

HIGH LEVEL OF PERFORMANCE IN AN AREA OF HUMAN ENDEAVOUR

1

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per Week Month Year Total

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

2

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per Week Month Year Total

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

3

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per Week Month Year Total

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

4

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per Week Month Year Total

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

5

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per Week Month Year Total

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

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NAME:

GAMSAT ID:

EXPERIENCES / ACHIEVEMENTS NOT INCLUDED ELSEWHERE

1

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per Week Month Year Total

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

2

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per Week Month Year Total

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

3

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per Week Month Year Total

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

4

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per Week Month Year Total

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail:

5

Name & address of organisation: Postcode:

Activities:

Position title: Start date: End date: Approx hours: Per Week Month Year Total

Who can we contact to verify? Full Name: Position:
 Phone No.: E-mail: