



Division of
Health Sciences

Student Ambassador Program Application Form

Personal Details

Student Number _____

Given Name _____

Family Name _____

Preferred Name _____

Address _____

Mobile _____

Home Phone _____

Preferred Email _____

Date of Birth _____

Study Details

Program _____

Major(s) if applicable _____

Year Level in 2011 (please circle) 1st / 2nd / 3rd / 4th

Study load (please circle) full-time / part-time

Study mode (please circle) internal / external

Are you a member of any clubs or societies? (please circle) Yes / No

If yes, please specify _____

Which high school did you attend? _____

Do have a drivers license? (please circle) Yes / No

Do you have a car? (please circle) Yes/No

Do you have a current National Police Certificate (police check) Yes/No

Additional Information

Why would you like to be a Student Ambassador? (approximately 100 words)

What qualities could you bring to the program? (approximately 100 words)

Can you name a few recent examples of how you have demonstrated skills in public speaking in your work, study or personal life?

What three pieces of advice would you offer a prospective student to the Division of Health Sciences at UniSA?

1.

 2.

 3.

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Which skills and abilities help you succeed at UniSA?

Closing Date: 5pm 18th March 2011

Please email or post your application form to Pamela Thompson

Pamela.Thompson@unisa.edu.au or

Division of Health Sciences, GPO Box 2471, Adelaide, SA, 5001