Australia Awards PNG  
Short Course Award  
  
Application FormFor PNG Government Sector Applicants

**This application form is   
NOT FOR SALE**

**Course Name: Graduate Certificate of Disease & Infection Control**

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| 1. **PERSONAL INFORMATION** | | | |
| **Title** | Mr.  Mrs.  Ms.  Dr.  Other | | |
| **First Name / Given Name** |  | | |
| **Surname / Family Name** |  | | |
| **Date of Birth (dd/mm/yyyy)** |  | | |
| **Place of Birth (Town/Province)** |  | | |
| **Age** |  | | |
| **Gender** |  | | |
| **Province of Origin** |  | | |
| **Province of Residence** |  | | |
| **District of Employment** |  | | |
| **Do you have a passport?** | Yes  No | | |
| **If yes, provide passport number** |  | **Issue date** | /     / |
| **Expiry date** | /      / |
| **Do you have a current National Identification (NID) card?** |  | | |
| **Do you have a NID Office issued birth certificate?** | Yes  No | | |
| **Have you been vaccinated for COVID-19?** | Yes  No | | |

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| 1. **CONTACT DETAILS** | | | | | | |
| *If you are not contactable, your application may not be considered* | | | | | | |
| **Postal Address** |  | | | | | |
| **Town / City** |  | | | **Postal Code** | |  |
| **Province** |  | | | | | |
| **Mobile Phone Number/s** |  | | | | | |
| **Work Phone Number/s** |  | | | | | |
| **Email** |  | | | | | |
| 1. **PREVIOUS SCHOLARSHIPS AND EDUCATION** | | | | | | |  |
| **What is your highest level of qualification received?** *e.g. Grade 12, bachelor’s degree etc.* | |  | | | | |
| **Name of Qualification**  *e.g. Bachelor of Arts* | |  | | | | |
| **Institution this qualification was received from** | |  | | | | |
| **Have you previously received, or currently hold a scholarship funded by PNG, Australia or another foreign country?** | | Yes – Please provide details below  No – Got to Section 4 | | | | |
| **Scholarship Name** | |  | | | | |
| **Name of Qualification** | |  | | | | |
| **Start Date (mm/yyyy)** | | /     / | **End Date (mm/yyyy)** | | /     / | |

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| 1. **COMPUTER LITERACY** |
| **How would you rate your computing skills?** |
| Excellent  Satisfactory  Poor |
| **Do you require additional training in any of the following computer software?**  **If so, please place a tick in the box** |
| Word  Excel  PowerPoint  Zoom  No |

| 1. **ENGLISH LANGUAGE PROFICIENCY** | | | |
| --- | --- | --- | --- |
| **Is English your first language** | | Yes  No | |
| ***If ‘Yes’ go the next section. If ‘No’ answer the following questions:*** | | | |
| **Was English the language of your highest level of study?** | | Yes  No | |
| **Have you taken an IELTS or TOEFL test within the last two (2) years?** | | Yes - Please provide details below   No – Go to Section 6 | |
| **Test Name** | |  | |
| **Test Date** | |  |  |
| **Overall Score** | |  | |
| **Reading Score** | **Writing Score** | **Listening Score** | **Speaking Score** |
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| 1. **CURRENT EMPLOYMENT** | |
| **Position title** |  |
| **Briefly describe your role in relation to working in the area of disease and infection control** |  |
| **Are you a permanent employee of the Government of PNG?** | Yes  No |
| **If yes, what date did your permanent employment commence?** |  |  |
| **How many years have you been employed as a permanent employee of the Government of PNG? Please note, to be eligible for this short course, you must have been employed in a permanent capacity for more than two years.** |  |  |
| **Employment identification number** |  |  |

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| 1. **CURRENT MANAGER/SUPERVISOR’S DETAILS** | |
| **Name** |  |
| **Position title** |  |
| **Email** |  |
| **Phone Number/s** |  |

| 1. **EMPLOYER CONTACT DETAILS** | | | |
| --- | --- | --- | --- |
| **Name of Employer Organisation** |  | | |
| **Address of Organisation** |  | | |
| **Town / City** |  | **Postal Code** |  |
| **Province** |  | | |
| **Phone Number/s** |  | | |

***\* Direct Managers/Supervisors will need to complete section 14 of this application form.***

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| 1. **EMERGENCY CONTACT DETAILS** | |
| **Full Name** |  |
| **Relationship to you** |  |
| **Mobile Phone Number/s** |  |
| **Work Phone Number/s** |  |
| **Email** |  |

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| 1. **MEDICAL / DISABILITY DETAILS** | | | |
| ***Australia Awards – PNG supports people with disability, people living with, or have history of a medical condition to apply for this short course. All our short courses are delivered in Australia however with the current Covid-19 situation the short course may be partially delivered in PNG. To meet the Australian visa requirements, the following questions and responses will assist us prepare successful applicants to go on the course subject to travel restrictions between the Papua New Guinea and Australian Governments.*** | | | |
| **Do you have a serious medical condition currently or historically?** | | Yes No  If yes, please describe the medical condition. | | |
| **Have you ever had, or currently have, tuberculosis?** | | Yes  No | | |
| **Have you been in close contact with a family member that has active tuberculosis?** | | Yes  No |
| **Have you ever had a chest x-ray which showed an abnormality?** | | Yes No |
| ***Applications are strongly encouraged from people with disability*** | | | |
| **Do you have a disability?** | Yes – see below  No – go to Section 11 | | |
| Visual impairment  Learning / Intellectual impairment  Hearing impairment  Physical or mobility impairment  Other please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Are there any special requirements which you may need to complete your Short Course Award program in Australia or in PNG? (E.g. wheelchair access, learning aids etc.)** | | | |
| Yes No  If yes, please specify | | | |
| **If you have indicated a medical condition or a form of disability, would you require a carer as well on a daily basis?** | | | |
| Yes  No | | | |

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| 1. **PROJECT** | |
| *All Short Course Award participants are required to develop and implement a work-based project which is related to the course topic and learning objectives and utilises the knowledge and skills gained from the course to contribute to their organisation and its priorities. The proposed project should describe the change in policy, systems, processes or delivery of services within an organisational context.**Projects must be achievable in a three to six-month period and not require additional funding or resources from the employer/organisation. Please answer each question in no more than 150 words.* | |
| **Outline your proposed project** (The change in process, policy, services. The project you aim to complete using the Short Course Award) | |
| **What is the title of your project?** |  |
| **What will the project achieve?** |  |
| **What organisational need, issue or opportunity is the project responding to? (Please attach any report, research or organisational document that identifies the need)** |  |
| **What broader organisational objective does the project align with? (Corporate or Strategic Plans) Be specific; include relevant section from organisational plan if possible.** |  |
| **What PNG development priority does the project align with? (From Vision 2050 or other overarching policy document)?** |  |

| 1. **ETHICS and VALUES BASED LEADERSHIP, GENDER, EQUITY, DISABILITY, SOCIAL INCLUSION and CHILD PROTECTION** | |
| --- | --- |
| Australia Awards is committed to the Ethics and Values Based Leadership and Management and Gender Equity and Social Inclusion policies of the Government of Papua New Guinea and the Australian Department of Foreign Affairs and Trade.  Australia Awards is a child-safe program. Applicants will be required to complete a police check and professional and character references.  Please respond to the below questions in no more than 150 words (bullet points may be used) | |
| **What are important considerations in relation to Ethics and Values Based Leadership and Management when working in your role in the public sector?** |  |
| **What are important considerations in relation to Gender Equality, Disability and Social Inclusion and Child Protection when providing services in your area of work?** |  |

| 1. **SUPPORTING DOCUMENTS** | |
| --- | --- |
| ***All candidates are required to submit their detailed curriculum vitae (CV), job description, current performance appraisal, copy of academic transcript and certified copy of highest qualification with this application.*** | |
| **CV attached** | Yes  No | |
| **Job Description attached** | Yes  No | |
| **Performance Appraisal attached** | Yes  No | |
| **Certified copy of highest qualification** | Yes  No | |
| **Copy of academic transcript from highest qualification attained** | Yes  No | |

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| 1. **CURRENT SUPERVISOR/MANAGER STATEMENT** | |
| This section **MUST** be completed by the applicant’s current supervisor/manager. | |
| **Please explain your working relationship with the nominated applicant (i.e. you are their immediate supervisor or manager)?** |  |
| **Do you support the nominated applicant for the Short Course Award training program including study leave if the applicant is selected?** | Yes  No |
| **What skills and knowledge do you hope the applicant will gain during the short course award that will be beneficial to your organisation?** |  |
| **Briefly explain how the applicant’s proposed ‘project’ will make positive changes to your organisation?** |  |
| **Name** |  |
| **Signature** |  |

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| 1. **CURRENT EMPLOYER’S NOMINATION AND SIGNATURE** | | |
| ***This section must be signed by a Departmental, Provincial or Agency Head (i.e. The Secretary, Provincial Administrator, CEO etc.).*** | | **Official Stamp:** |
| **Signed by employer** |  |
| **Name** |  |
| **Position** |  |
| **Phone number** |  |
| **Date signed** |  |

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| **NOTE TO ALL APPLICANTS:**  **A training bid form must be completed and submitted to the Department of Personnel Management.**  **This completed application form and supporting documents must be submitted to** [dicontrol@australiaawardspng.org](mailto:dicontrol@australiaawardspng.org)**.**  **All documents, including information and endorsements provided in the application form will be verified with the Government of PNG.** | |
| **16. APPLICANT DECLARATION, ACKNOWLEDGEMENT AND SIGNATURE** | |
| **I declare in submitting this application form, that the information contained in it and provided in connection with it is true and correct.**  **Discovery of fraudulent documents will exclude you from consideration for this scholarship and any future Australian Government Scholarships. If fraud is discovered after the scholarship is awarded, then the scholarship will be immediately terminated.**  **This completed application form and supporting documents must be submitted to** [dicontrol@australiaawardspng.org](mailto:dicontrol@australiaawardspng.org)**.**  **I acknowledge that giving false or misleading information is a serious offence under the Criminal Code Act 1995 of the Commonwealth of Australia and Papua New Guinea.** | |
| **Full Name** |  |
| **Signature** |  |
| **Date** |  |

**Applications close: 5:00pm, Monday 29 November 2021.  
*Late applications will not be considered.***

Annex 1. Application Checklist   
Short Course Awards

Before submitting your application, please check and ensure you have provided all information and supporting documents listed in this checklist.

Place a tick ( ✓ ) in the box where you have provided information and support documentations:

Completed application form with your signature and a clearly written work-based project plan

Application endorsed by your employer (signed and stamped)

Copy of passport biodata page is attached (if you have one)

Copy of your PNG National Identification (NID) Card is attached (if you have one)

Copy of your NID issued Birth Certificate is attached (if you have one). Note that the old blue  
 birth certificate will no longer be accepted

Copy of your Driver’s Licence is attached (if you have one)

Copy of academic transcript from highest qualification attained

Certified copy of your highest qualification as mentioned in your application is attached

Copy of your updated Curriculum Vitae (CV) is attached

Copy of your Job Description (JD) is attached

Copy of your recent Performance Appraisal is attached (if you do not have one, a reference  
 from your current employer will suffice)

You meet the following Eligibility Criteria:

1. *be a minimum of 18 years of age at the time of commencing the Short Course Award*
2. *be a citizen of a participating country (as listed on the Australia Awards website) and be residing in and applying for the Short Course Award from their country of citizenship*
3. *not be married, engaged to, or a de facto of a person who holds, or is eligible to hold, Australian or New Zealand citizenship or permanent residency, at any time during the application, selection or mobilisation phases (note: residents of Cook Islands, Niue and Tokelau with New Zealand citizenship are eligible but must apply for a Student visa (subclass 500) and not be current serving military personnel*
4. *not be a citizen of Australia, hold permanent residency in Australia or be applying for a visa to live in Australia permanently*
5. *have satisfied any specific criteria established by the Program Area or the government of the applicant’s country of citizenship (e.g. having worked a certain number of years in an appropriate sector)*
6. *be able to satisfy the admission requirements of the institution at which the award is to be undertaken (this may mean that Program Areas will need to withdraw an award offer if the recipient cannot satisfy the institution’s admission requirements. This may not be known until Program Areas request a placement at selected institutions)*
7. *be able to satisfy all requirements of the Department of Home Affairs to hold a Student Visa. This may mean that the Program Area will need to withdraw an award offer if the recipient cannot satisfy the visa requirements*
8. *Applicants must inform the Program Area of any connection or relationship to staff employed at Program Areas or with managing contractors so that the application may be properly and transparently managed.*