

## SHAW Work and Care Scholarship

### Application Form

#### About you

1. First Name  Last Name
2. Address Line
- Suburb  State  Postcode
3. Date of Birth
4. Gender  
 Female  Male  Indeterminate/Not Stated  Intersex
5. What is your preferred method of us communicating with you if you are shortlisted?  
 Email  Mobile (Call)  Mobile (Text)  Home Phone  Post
6. Do you consent to participate in surveys and research?  
 Yes  No

#### About your caring role

7. How many people do you care for?
8. Are you the main carer?  
 Yes  No
9. How long have you been a carer?  
 Less than 6 months  
 6 to 12 months  
 12 months to 2 years  
 2 to 5 years  
 More than 5 years

10. Please provide details of Person 1 you care for

Name  Last Name

Date of Birth

Person 1 I care for is my

Do you live with person 1 you care for?

Yes  No

11. Please provide details of Person 2 you care for

Name  Last Name

Date of Birth

Person 2 I care for is my

Do you live with person 2 you care for?

Yes  No

12. Please provide details of Person 3 you care for

Name  Last Name

Date of Birth

Person 3 I care for is my

Do you live with person 3 you care for?

Yes  No

13. On average, how many hours each week do you provide care to the person/people you are caring for? (This includes helping with activities of daily living and domestic tasks you take on because the person you are caring for can not do them)

- 0 to 10 hours
- 11 to 20 hours
- 21 to 30 hours
- 31 to 40 hours
- More than 40 hours

14. What sort of things do you have to do in your caring role? Please select all that apply.

- |   |  |
|---|--|
| <input type="radio"/> Cooking                 | <input type="radio"/> Emotional Support      |
| <input type="radio"/> Cleaning                | <input type="radio"/> Care for siblings?     |
| <input type="radio"/> Shopping                | <input type="radio"/> help with mobility     |
| <input type="radio"/> Help with personal care | <input type="radio"/> Translating            |
| <input type="radio"/> Manage Medication       | <input type="radio"/> Gardening              |
| <input type="radio"/> Attend appointments     | <input type="radio"/> Budgeting/Paying bills |
| <input type="radio"/> Behaviour Management    | <input type="radio"/> Other – Please specify |

15. Do other people help care for the person/people you are caring for?

- Yes       No

16. If other people help care for the person/people you are caring for, are they: (select all that apply)

- A paid carer  
 A parent  
 A brother or sister  
 My partner  
 Another family member  
 A friend  
 Other (please specify)

17. How often does your caring role stop you from going to school/college/university/ or other educational institution?

- Never  
 Less than once a month  
 About once a month  
 About twice a month  
 About once a week  
 More than once a week

18. How much does your caring role impact on your ability to continue your education or training?

- My caring role never impact on my ability to pursue my education or training  
 My caring role rarely impacts on my ability to pursue my education or training  
 My caring role sometimes impacts on my ability to pursue my education or training  
 My caring role often impacts on my ability to pursue my education or training  
 My caring role impacts on my ability to pursue my education or training every day

19. Are you in paid employment?

- Yes       No

## About your educational goals

20. What is the highest level of education you will have received by the end of this year?

- |                               |   |
|-------------------------------|---|
| <input type="radio"/> Year 6  | <input type="radio"/> Certificate I     |
| <input type="radio"/> Year 7  | <input type="radio"/> Certificate II    |
| <input type="radio"/> Year 8  | <input type="radio"/> Certificate III   |
| <input type="radio"/> Year 9  | <input type="radio"/> Certificate IV    |
| <input type="radio"/> Year 10 | <input type="radio"/> Diploma           |
| <input type="radio"/> Year 11 | <input type="radio"/> Apprenticeship    |
| <input type="radio"/> Year 12 | <input type="radio"/> Bachelor's Degree |

21. Did you study this year?

- Yes       No

If 'Yes', please tell us what you studied.

If 'No', please tell us what your you last undertook study or training (e.g. 2014)

22. What is the name of the course of study you want to do next year?

23. What is the year or stage of the course you want to do next year?

24. What is the name of the school/college/university or educational institution you want to attend next year?

25. What is the estimated course cost for the intended study next year (including fees, books and other resources)?

26. How would the scholarship help you in achieving your dreams?