THE JOINT MEDICAL PROGRAM®

COMMUNITIES ENTRY LIST

This form is to be completed by applicants who reside in the JMP footprint and who are not eligible under the Rural and Remote Admissions Scheme or the Rural Communities Entry List.

To satisfy the criteria applicants are required to provide a signed statement from a community leader which validates that they have resided for five (5) years consecutively or ten (10) years cumulatively in the JMP footprint. Statements cannot be completed by a member of the applicant's immediate family. The Universities reserve the right to conduct checks on any documentation provided in support of an application. By definition the JMP footprint encompasses the Hunter New England and Central Coast Local Health Districts.

I _____

(Full name of person making the declaration)

am able to confirm that _____

(Full name of applicant)

has resided at the following address(es).

HOME ADDRESS(ES) *(include street, suburb and postcode)*	PERIOD OF RESIDENCE *mm/yyyy*		*mm/yyyy*	TOTAL *Years*	*Months*	
		-				
		-				
		-				

Signature _____ Date _____

Occupation/Position _____

Business/Employer _____

Business/Employer Address _____

Suburb _____ Postcode _____

Phone _____ Email _____

Please include as part of your direct application or return via email to : jmpadmissions@newcastle.edu.au

Forms submitted via email must be received by **3 October 2025**.

UNIVERSITY OF NEWCASTLE

NSW GOVERNMENT Health Hunter New England Local Health District

NSW GOVERNMENT Health Central Coast Local Health District

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