Sydney Pharmacy School
The University of Sydney
Camperdown, NSW, 2006
CRICOS 00026A
ABN 15 211 513 464

APPLICATION FOR THE SYDNEY PHARMACY FIRST NATIONS CAMP 17-21 January 2027

Section 1 - To be completed by the student

Surname …… First name ……

Date of Birth …….. Gender …….

Address ……..

…….. Suburb/Town …… State …….. Postcode ……

Home phone number …… Mobile (if applicable) ……..

E-mail ……..

☐ I declare that I am of Aboriginal and/or Torres Strait Islander decent. I identify myself as a First Nations Australian and I am accepted as such by the community in which I live.

☐ I have attached my latest school results/report card to this application.

Questions to be answered by applicant:

1. What subjects do you most enjoy at school?

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2. If you did not gain entry into university to study pharmacy, what else do you think you might like to do for a career and why?

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3. What are your hobbies and interests?

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4. If you wish to share where your family is from, please do so here: (optional)

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Student signature…… Date ……..

Section 2 - Parental consent

I am aware that my son or daughter is submitting this application to the Sydney Pharmacy First Nations Camp. If selected, I agree that they will be able to participate in the full program from 17-21 January 2027.

Parent's full name ……..

Address (if different) ……

……..... Suburb/Town ……. State …….. Postcode ……

Home phone …….. Mobile number ……

E-mail ……..

Parent Signature …… Date ……..

Section 3 - To be completed by your school

Which year of school will the student be undertaking in 2027? Year 09 ☐ Year 10 ☐

School name ……

School address ……..

……..... Suburb/Town ……. State …….. Postcode ……

School phone …… School fax ……..

Reason for supporting student's application:

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Head of Science/Principal's name ……..

Head of Science/Principal Signature …….. Date …….

Submit this application by 25th of September 2026 by email to:
alexander.burke@sydney.edu.au

(all applications will be acknowledged by return email)

For further enquires contact: alexander.burke@sydney.edu.au