

Confirmation of Rural Origin

I confirm that _____ lived at the following address/es for the period/s stated:

[Please complete as many of the following sections as required]

Address 1: _____ _____ From: _____ To: _____
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Address 2: _____ _____ From: _____ To: _____
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Address 3: _____ _____ From: _____ To: _____
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I understand that the Royal Australasian College of Surgeons will rely on this statutory declaration when assessing the applicant for Rural Origin. I understand and acknowledge that any false or misleading statement by myself would be grounds for the College to withdraw any offer of admission to the candidate and to cancel the application.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.

Author's Name: _____ Date: _____

Author's Job Title: _____

Signature: _____

Contact Number: _____ Email: _____

Note:

This letter must meet the following requirements:

- The Author must be a Medical Practitioner, Lawyer, School Principal, Employer or other trusted member of the Rural Community according to Australian Law.
(For a full list of appropriate Authors, please refer to the [Australian Government website](#).)
- The letter must include the applicant's FULL Rural address, the duration that they resided at that Rural address (e.g. from mm/yyyy to mm/yyyy), with the position and current contact details of the author.
- The author must be contactable to verify the details contained within the letter.
- Written confirmation from the applicant's family members will not be accepted.
- Time in the future cannot be claimed as part of the 5 or 10 year residency.
- If there are multiple Authors to confirm different periods of residence, please use separate forms for each Author.