# Supplementary MAE Application Questions

**Join the MAE, Become a Disease Detective!**

The MAE program is Australia’s only Field Epidemiology Training Program (FETP) that is accredited by and part of the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET). The MAE program trains scholars to be disease detectives who investigate and respond to health threats in Australia, the Asia-Pacific region, and globally. During this 22-month program, MAE scholars receive hands-on experience through intensive (short) course block training modules at ANU and working as a trainee epidemiologist in a field placement, where they will spend the majority of the program.

**Please complete this form and ensure it is uploaded with your online application.**

**Personal Statements**

Please provide a response to the following questions/statements below (maximum of 200 words per response).

1. **What has influenced you to pursue a career in Field Epidemiology?**

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1. **Describe how the MAE program will help you achieve your career goals as a field epidemiologist.**

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1. **What would you like to learn the most from the MAE program?**

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1. **Where would you like to see yourself after completing the MAE program?**

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1. **Reflecting on your experience, what do you think you would bring to the MAE program?**

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1. **Are you currently undertaking or planning to enroll in any other course of study? Note that the MAE is a full-time course and ANU requirements would generally preclude you from undertaking another degree concurrently.**

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| Yes | No |

1. **Please select all states and territories you would be willing to accept a placement in, if you were offered one.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| ACT | NSW | NT | QLD | SA | TAS | VIC | WA |

1. **Do you give permission for the Australian National University to send out your application information to potential placements as part of the MAE application process?**

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| Yes | No |  |

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**