

# SCHOOL LETTERHEAD

(Date)

To whom it may concern,

**RE: Health Professional Programme application – Socioeconomic Equity sub-category**

I am writing to confirm (EQ Applicant Name), (DOB dd/mm/yyyy), NSN (XXXXXXXXXX), was enrolled at (Secondary School) from (dd/mm/yyyy) until (dd/mm/yyyy).

They completed Years 11, 12, and 13 at (Secondary School) within the last 5 years.

This school has an EQI value of XXX and was decile 1/2/3 until 2023.

If you have any questions regarding this information please do not hesitate to contact me directly by phone: (02X XXX XXX).

Yours sincerely,

(signature)

(Name of Principal/DP/Dean/Careers Guidance/Senior Teacher)