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*)