

AUSTRALIAN STUDENT APPLICATION FORM
POSTGRADUATE CERTIFICATE IN PHYSIOTHERAPY

Before sending in your application please check that you have:

Completed this application form Enclosed **ALL** required documentation

and address it to: **Postgraduate Officer, Melbourne Physiotherapy School, The University of Melbourne, Victoria 3010.**

1. Personal Details

Title _____ Surname _____ Male Female

Other names _____ Preferred name _____

Previous surname* (please provide documentation) _____

Student No. (if previously enrolled at the University of Melbourne) _____

Postal address _____

_____ Post Code _____

Telephone Home _____ Mobile _____ Business _____

Email address _____

Date of Birth _____

*Citizenship _____ *If not Australia, state visa status _____

Please provide **certified copies of your citizenship and proof of name change documents with this application.*

2. Professional / Academic Referees

Please details of two professional or academic referees who have known you for a minimum of six months.

Name: _____

Name: _____

Pos / Org: _____

Pos / Org: _____

Tel: _____

Tel: _____

Email: _____

Email: _____

3. Course

Cardiorespiratory Acute Care

Cardiorespiratory Exercise

Paediatrics

Pelvic Floor Physiotherapy

Full-time

Part-time

Where there is no part time noted, the course should normally be completed within the year.

4. Academic Qualifications

- Please list all of your academic qualifications (degree, diploma, etc.) and provide ORIGINAL TRANSCRIPTS, or certified copies, of the qualifications listed. Transcripts must list all subjects taken and grades or marks obtained, and contain an explanation of results page.
- If the name on your transcripts or qualifications is different from your current name, please provide the original or a certified copy of documentation for proof of name change.

Qualification	Conferring Institution	Year completed

5. Employment History

Please state your employment history of the last five years (use additional pages if required)

Employer	Position held	Dates*	Clinical Area**

* Indicate % full time

**Indicate % of caseload in specialty area

6. Continuing education since graduation (use additional pages if required)

Name of course	Convenor	Dates

7. Reasons for wishing to do the course (use additional pages if required)

8. Curriculum Vitae

Please attach a comprehensive CV relevant to your application; your CV should include your academic, clinical, professional and research experience as well as details of any awards you have received.

9. Declaration

- I declare that the information provided by me is true and complete in every particular.
- I acknowledge that the University of Melbourne reserves the right to reverse or vary any decision regarding admission made on the basis of incomplete or false information.
- I understand that I may be required to supply originals of all documents used to support this application.
- I understand that I may be required to supply evidence that I meet the University's English language proficiency requirements.
- I declare that I will be able to abide by the University's policy on admission, fees payment and fee refunds.
- I agree that whilst I am enrolled as a student to be bound by the statutes and standing resolutions of the University in force from time to time (including those relating to the ownership and control of any intellectual property in any work, invention or other information or thing made, discovered or created by me in the course of my studies), and to be subject to the lawful instructions of officers of the University.
- I understand that the University of Melbourne reserves the right to inform other tertiary institutions if any of the material presented with this application is found to be false.
- I understand that the personal information that I have provided may be released to Australian Commonwealth and State agencies under the ESOS Act 2000.
- I understand that the University of Melbourne may disclose the personal information I have given in this application form to the Department of Education, Science and Training (DEST) and that DEST will collect and store my personal information in the Higher Education Information Management System.
- I understand that I will be required to obtain, and pay for, a police record check prior to commencing any clinical placements.

The University's privacy statement can be viewed at <http://www.unimelb.edu.au/privacy/studentinfo.html>

Signature of Applicant _____ Date _____