

APPLICATION FOR ADMISSION 2007

Original and two (2) copies should be sent to the Manager, School of Medicine, Faculty of Medicine, Dentistry and Health Sciences, the University of Melbourne, Parkville, 3052 by the last Friday in October.

INSTRUCTIONS FOR COMPLETION OF APPLICATION FORM

Ensure that you have provided an address and telephone number where you can be contacted during the application process if this is different to your permanent address.

Please ensure that you have original plus 2 copies of:

- l application
- l proof of residency status
- l certified copy of academic transcript. *(To obtain a certified document take the original and a photocopy and have the original sighted by a General Practitioner, Pharmacist, Doctor etc).*
- l curriculum vitae
- l nominated referees

APPLICATIONS WILL NOT BE PROCESSED UNLESS ALL DOCUMENTATION IS PROVIDED

Please detach and retain this cover sheet for your records

GRADUATE DIPLOMA IN MENTAL HEALTH SCIENCES

Infant and Parent Mental Health

1. PERSONAL DETAILS

Title:	Mr	Mrs	Ms	Miss	Dr	(please circle)
Surname:						
Given Names:						
Student Number <i>(if previously enrolled at University of Melbourne):</i>						
Permanent address:						
State/Town:					Postcode:	
Date of Birth:	____ / ____ / ____					
Telephone:	(home)			(business)		
Facsimile:						
E-mail Address:	@					

2. RESIDENTIAL STATUS

Please (✓)

- Australian or New Zealand citizen. *(Please provide certified copy of passport or Australian birth certificate).*

- Holder of a visa giving permanent residence in Australia. *(Please provide certified copy of passport showing permanent residency visa).*

GRADUATE DIPLOMA IN MENTAL HEALTH SCIENCES Infant and Parent Mental Health

5. REFEREES

Please provide the names, addresses and telephone numbers of two professional referees who are knowledgeable about your recent work performance.

REFEREE 1

Name:		
Address:		
State/Town:		Postcode:
Position:		
Telephone:	(home)	(business)
Facsimile:		
E-mail Address:	@	

REFEREE 2

Name:		
Address:		
State/Town:		Postcode:
Position:		
Telephone:	(home)	(business)
Facsimile:		
E-mail Address:	@	

6. DECLARATION

I acknowledge that this application is submitted and received on the understanding that the University may obtain official records with respect to me from any other university, institution, or employment agency currently or previously attended by me.

I declare that to the best of my knowledge the information supplied herein is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in the withdrawal of the University of any place which may be offered and that this withdrawal may take place at any stage during the course I undertake.

SIGNATURE: _____ **PRINT NAME:** _____
DATE: ____/____/____