

APPLICATION FOR ADMISSION TO CANDIDATURE – 2010

Please type or print in ink and complete all relevant sections.

Surname: _____ Other Names in full: _____

(Previous surname, if applicable _____) Sex: F/M

Date of birth: ____/____/____ Country of Birth: _____

Permanent Residency in Australia YES/NO

If "No":

Residency status: _____ Expiry Date: _____

Provide certified proof of citizenship or residency status

Medical Degree obtained: University: _____ Date: _____

Have you been previously enrolled at	Melbourne	YES/NO
	Monash	YES/NO

If yes, please provide Student ID Number at Melbourne/Monash _____

Specific or current medical registration number: _____

Acceptance into the RANZCP Training Program YES/NO

Work Address: _____

Postcode No: _____

Work telephone no: _____

Home Address: _____

Postcode No: _____

Home telephone no: _____ Mobile No.: _____

Email Address (required): _____

Preferred enrolment (please tick)

- Master of Psychological Medicine, Monash University
- Master of Psychiatry, University of Melbourne
- Departmental Certificate

Professional record

Year(s)	Where employed	Position held

Confirmed/proposed employment for year of application

Please answer if other than psychiatry trainee

Brief description of work experience:

Membership of Professional Society/Association (if any)

Details of any original research or publications (attach an additional sheet if necessary)

Additional information in support of this Application which you consider to be supportive of your application (if any)

Academic Qualifications/Studies - please note that official transcripts of academic record must accompany this application. They are signed by senior officers of the institutions and are provided to graduates on request. Official results of individual subjects or copies of certificates are not substitutes for transcripts.

Name or degree or other qualification held	Name of University or other institution	Year Completed

This is an application form only and does not constitute an enrolment for any course in the University or entitle an applicant to be classified as a student of the University.

An applicant accepted by Melbourne or Monash University for the Master of Psychiatry or Master of Psychological Medicine degree will be notified in writing of the enrolment procedures.

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 or institution currently or previously attended by me.

I declare that to the best of my knowledge the information supplied in all parts of this application is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information may render my candidature liable to cancellation or to withdrawal at any stage during the course I undertake.

Signature of Applicant: _____ Date: _____

<i>DOCUMENTATION REQUIRED:</i>	
<i>Please tick the boxes for the documents you have included in this application</i>	
1. Academic qualification	<input type="checkbox"/>
2. Certified proof of citizenship or residency status:	
• Australian or New Zealand birth certificate (or extract)	<input type="checkbox"/>
• Australian or New Zealand passport, or	<input type="checkbox"/>
• Certificate of Australian or New Zealand citizenship.	<input type="checkbox"/>
3. Medical Registration	<input type="checkbox"/>
4. Curriculum vitae.	<input type="checkbox"/>

Application received No. _____

Approved by Course Coordinator: _____ Date: _____

MONASH UNIVERSITY ENROLMENTS

"The information on this form is collected for the primary purpose of assessing your application. Other purposes of collection include the creation of an enrolment record on the student database, attending to administrative matters, corresponding with you and preparing statistical analyses. Information on this form may be disclosed to relevant bodies for the verification of qualifications. If you choose not to complete all the questions on this form, it may not be possible for the Faculty of Medicine, Nursing & Health Sciences to assess your application. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on +61 3 9905 6011."

Applicant's signature: _____

Date: _____

UNIVERSITY OF MELBOURNE ENROLMENTS

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 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.

Applicant's signature: _____

Date: _____

DEPARTMENTAL ENROLMENTS:

Declaration

- I declare that the information provided by me is true and complete in every particular.
- 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 Department of Psychiatry, University of Melbourne/Department of Psychological Medicine, Monash University's policy on admission, fees payment and fee refunds.
- I understand that the personal information that I have provided may be released to Australian Commonwealth and State agencies under the ESOS Act 2000.

Applicant's signature: _____

Date: _____