

Part 2 Supplementary Application Form

Family Name: <input style="width: 90%;" type="text"/>	Title (Miss, Ms, Mrs, Mr, Dr): <input style="width: 90%;" type="text"/>
Given Names: <input style="width: 95%;" type="text"/>	

Please note late applications may be considered subject to enrolment numbers | Courses will be conducted subject to sufficient enrolment numbers

Please indicate what level course you wish to undertake by circling the relevant course i.e. Masters <input type="radio"/> <input checked="" type="radio"/> Diploma <input type="radio"/> Certificate If a field is greyed out , the course is not offered	Masters	Postgraduate Diploma	Graduate Certificate	Please indicate mode of study by circling relevant option i.e. Full-Time <input type="radio"/> <input checked="" type="radio"/> Part-Time Advise how many subjects you intend to enrol in all year Part-Time Max: 2 subjects per semester Full-Time Max: 4 subjects per semester	Application Closing Date (late applications will be considered subject to enrolment numbers).
Art Therapy	Masters*	Diploma		Full-Time Part-Time: ____ subjects	29 October*
Counselling (new)	Masters*			Full-Time Part-Time: ____ subjects	29 October*
Counselling Psychology	Masters*			Full-Time Part-Time: ____ subjects	29 October*
Gerontology (indicate if DE Mode)		Diploma	Certificate	Full-Time Part-Time: ____ subjects	11 February
Gerontology	Masters*			Full-Time Part-Time: ____ subjects	29 October*
Gestalt Therapy	Masters			Full-Time Part-Time: ____ subjects	11 February
Health Administration	Masters*			Full-Time Part-Time: ____ subjects	29 October*
Health Policy		Diploma	Certificate	Full-Time Part-Time: ____ subjects	11 February
Health Promotion		Diploma	Certificate	Full-Time Part-Time: ____ subjects	11 February
Health Promoting Palliative Care		Diploma	Certificate	Full-Time Part-Time: ____ subjects	11 February
Health Research Methodology		Diploma*		Full-Time Part-Time: ____ subjects	29 October*
Health Services Management		Diploma	Certificate	Full-Time Part-Time: ____ subjects	11 February
Health Sciences (new)	Masters			Full-Time Part-Time: ____ subjects	11 February
Public Health	Masters*			Full-Time Part-Time: ____ subjects	29 October*
Rehabilitation Studies		Diploma		Full-Time Part-Time: ____ subjects	11 February
Service Co-Ord & Rehabilitation			Certificate	Full-Time Part-Time: ____ subjects	11 February
Masters Double Degrees: Health Administration and Public Health	Masters*			Full-Time Part-Time: ____ subjects	29 October*
Public Health & International Development (new)	Masters			Full-Time Part-Time: ____ subjects	11 February
Business and Health Administration	Masters			Full-Time Part-Time: ____ subjects	20 November

* Indicates closing date for 1st round CSP consideration | Applications will still be accepted after this date as a Full Fee place, subject to enrolment numbers

All applications MUST be returned directly to:

Postgraduate Office
 School of Public Health
 Faculty of Health Sciences
 La Trobe University
 BUNDOORA VIC 3086

COMMONWEALTH SUPPORTED PLACE (CSP) ALLOCATION FRAMEWORK

The timely closing date of applications for consideration of a CSP is **29 October 2010 for 2011 intake**.

A limited number of CSP Places are available for students applying to enrol in the following programs:

- Counselling
- Master of Counselling Psychology
- Master of Gerontology
- Master of Health Administration
- Master of Public Health
- Master of Public Health / Health Administration
- Postgraduate Diploma in Research Methodology
- Master in Art Therapy

All applications will be considered on 'Academic Merit' and must include relevant documentation requested on the following pages.

Applicants who do not submit all relevant documentation by the closing date, will be contacted for the necessary information, but may not be considered in time for a CSP.

Please note: Provision of the above information does not guarantee a CSP offer. Once the quota of CSP targets for any given course has been allocated, students who meet the course requirements will be offered a full fee-paying place.

D. How did you find out about this course?

- | | |
|---|---|
| <input type="checkbox"/> La Trobe University website | <input type="checkbox"/> Colleague |
| <input type="checkbox"/> La Trobe University Open Day | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Course Information Evening |
| <input type="checkbox"/> Other (please advise)..... | |

Name (please print): _____

Signature: _____

Date: _____

All applicants will be acknowledged receipt of their application via email and also be advised of the outcome of their application and relevant enrolment processes by mid-late December 2010.

If you have any queries or require further information please contact our office via email at health@latrobe.edu.au . (please indicate which course you are enquiring)

Application Form Checklist

Please ensure you have provided the following documentation:

- Have you clearly indicated your **Course Selection**?
- Have you clearly indicated your enrolment as either **Full or Part Time Mode**?
- Have you included a certified copy* of any **Educational Qualifications**?
- Have you included a certified copy* of your **Evidence of Change of Name**? (If applicable)
- Have you included **Evidence of Citizenship or Permanent Residency**? (If applicable)
- Have you completed, signed and dated the **University Application Form**?
- Have you completed all sections of the **Part 2 Supplementary Application Form** (this form)?
- Have you included your **Portfolio on a CD**? (Art Therapy applicants only)

ALL applications must be returned directly to:

Institut Ranke-Heinemann
Schnutenhausstrasse 44
45136 Essen
Deutschland
Tel.: 0049-201-252552
info@ranke-heinemann.de
www.ranke-heinemann.de

*Certified copies are those that have been verified as true copies by an authorised person. In Australia, persons who may certify documents include Justices of the Peace (JP's); you can find lists of JP's in the Yellow Pages, University records can also be certified by the issuing university, copies of birth certificates etc by the issuing Registry of Births, Deaths and Marriages, and documentation regarding residency by the Department of Immigration and Citizenship. You need to give both the original document and the copy of the original; the signature of the certifying officer; and the name and address of provider/registration numbers of the certifying officer or notary printed legibly below their signature.