



La Trobe

U N I V E R S I T Y

**2010 MASTER OF HEALTH ADMINISTRATION
APPLICATION FOR ENROLMENT**
**2010年拉筹伯大学卫生管理硕士学位
入学申请表**

PLEASE COMPLETE THIS FORM IN ENGLISH (请用英文填写)

Deadline: 30 Nov, 2009
申请截止日期: **2009年11月30日**

Personal details (个人详情)

La Trobe University Student Number :

Family Name (姓)

Given Names (s) (名)

Date of Birth (出生日期)

Day (日) Month(月) Year (年)

Title (Dr, Professor, Mr, Mrs etc.)

(称谓: 博士, 医师, 教授, 先生, 女士, 等) _____

Sex (性别)

Female (女) Male (男)

Address for notification of this application and other correspondence (本申请通知及其它信函联系地址)

Number and street (门牌号码和街道名称)

Town/City/Postcode/Province/Country (区、县、市、省、国家、邮政编码)

Telephone (含区号电话号码, 手机号码)

Facsimile (传真号码)

Email (电子邮件)

Educational qualifications (including partly completed courses) (学历,包括短期课程的学习或进修)

Please attach original or original certified copies of your qualifications. (请附上公证后的学历/学习证明)

Name of qualification e.g. Bachelor of Public Health (证书名称。如: 公共卫生学士)	Name of institution) e.g. Beijing Medical University (毕业学校名称。如: 北京大学)	Year commenced - year completed e.g. 1985 -1990 (起止日期。如: 1985-1990)

Further detail about courses related to health management (卫生管理相关课程培训详细情况)

You do not need to complete the section below if you have completed a health management course in China (stated above) which has been formally recognised by La Trobe University as equivalent to the La Trobe Postgraduate Diploma in Health Services Administration (for the purpose of entry into this program). *

已通过拉筹伯大学“卫生管理硕士学位(中国)”项目入学课程认定的中国高等院校卫生管理研究生课程班结业者可不填写该栏目*

Name of course 课程名称	Institution 开课机构	Main chapter (topic) 主要章节(专题)	Teaching hours 学时数	Teacher and title 任课教师及职称	Grade 成绩

* Chinese courses recognised as suitable prerequisites to this program include: 通过拉筹伯大学认定的中国卫生管理研究生课程班包括:

- ◆ Beijing University 北京大学
- ◆ Harbin Medical University 哈尔滨医科大学
- ◆ Sichuan University 四川大学
- ◆ Nan Jing University of Chinese Medicine 南京中医药大学
- ◆ Tianjin Medical University 天津医科大学

Work experience (工作经历)

Position title and brief description of duties & responsibilities. Please highlight health management experience. (职务。简述职责和责任。请详细叙述在医疗卫生工作岗位上的管理经历)	Employer (工作单位)	Dates in position (任职日期)

Declaration and agreement (本人声明)

I declare that the information provided on this form is true and complete in every detail. I authorise La Trobe University to obtain further information about me from educational and other institutions which I have attended, and from Australian Government Authorities such as DIMA and DETYA.

(我声明表内所填情况皆属实。我授权拉筹伯大学可以通过中国教育机关或澳大利亚移民局进一步了解我的情况)

I acknowledge that La Trobe University reserves the right at any stage to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.

(我将对由于本人提供不正确或虚假情况造成的后果负责)

I am aware of the conditions relating to my admission, and agree to pay all fees for which I am liable, and have read and agree to the conditions relating to the refund of fees, as set out in the University's refund policy in this brochure.

(我已经了解并同意拉筹伯大学的入学条件、缴费要求、退款条件等规则)

This agreement does not remove my right to take further action under Australia's consumer protection laws.

(此协议保留本人的消费者权利)

Signed (申请人签名):

Date (日期):

Check List

Have you answered ALL questions? (是否回答了所有问题?)

Have you signed and dated the application? (是否签名并填写日期?)

Have you attached certified copies of all necessary documents? (是否已附上公证后的学历/学位证明?)

Have you kept a copy for your self? (是否保留了复印件?)

CRICOS provider number (Bundoora, Albury/Wodonga Campuses): 00115M

CRICOS provider number (Bendigo Campus): 00119G