

**BACHELOR OF HEALTH SCIENCES AND
MASTER OF CLINICAL PROSTHETICS AND ORTHOTICS
SUPPLEMENTARY INFORMATION – 2009**

This form is to be completed BY ALL NON-VCE APPLICANTS ONLY

How to Apply

- ALL applicants** - Check the VTAC Guide entry for this course and ensure you meet all requirements listed, by the dates specified.
- ALL applicants** (other than current La Trobe University students) **must** lodge an application with the Victorian Tertiary Admissions Centre (VTAC), listing this course on your preference list. Please note that an application fee will be charged. You must lodge your VTAC application by the given dates on the VTAC homepage.

VTAC, 40 Park St, South Melbourne 3205

Telephone: 1300 364 133

www.vtac.edu.au

- Current La Trobe Students** - Applicants currently enrolled in a course at La Trobe, and who **will not** be completing their current course, **must** complete this form and:
 - a) An "AUTHORITY TO ENROL" form (if you will complete your degree this year)
or
 - a) An "APPLICATION TO TRANSFER COURSE" form (if your degree is incomplete)
 - b) A new "Request for Commonwealth support and HECS-HELP" form listing Prosthetics and Orthotics as the course of study.
- ALL applicants** must attach certified copies of any Year 12 and any post-secondary training including transcripts of results and final score where applicable (e.g., VCE entry score, overall course average).
- ALL applicants** must submit a one (1) page (preferably typed, double spaced on A4 paper) statement of purpose explaining your reasons for wanting to undertake the Bachelor of Health Sciences and Master of Clinical Prosthetics and Orthotics degree addressing the following criteria:
 - **What you know about the course and the profession.**
 - **What special skills you have that would make you a good Prosthetist/Orthotist.** Refer to any relevant work experience you have had.
 - **Where relevant, you should also list and/or discuss any special circumstances that may have hindered your academic progress thus far and any other information that you believe relevant in assisting your application.**
- Mature Age Applicants or applicants with special circumstances** – VTAC has established a variety of Special Equity and Access Schemes (SEAS). Consult the VTAC website for SEAS information as relates to La Trobe University and follow the instructions regarding the submission of documentation.
Mature Age applicants, as defined in SEAS criteria, must sit the Special Tertiary Admissions Test (STAT) Multiple Choice and provide details of test results. STAT information is available on the VTAC website.
- Make a copy of ALL materials (for your records) before submitting to:

**The Selection Officer,
Bachelor of Health Sciences and Master of Clinical Prosthetics and Orthotics
Division of Allied Health,
La Trobe University, Victoria 3086**

**Closing Date for Supplementary Information Form
No later than: 26 September (EARLY ROUND) or 12 December (OTHER ROUNDS)**

EDUCATIONAL DETAILS

Highest Level of Education:			
Institution:			
Years Attended:			
Did you complete?		Year 12 Enter/TER/UAI Score:	

1) **Year 12 Studies:** Please list all subjects studied at Year 12, include the school attended, result obtained and the year the subject was studied.

Subject	School	Result	Year

2) **Post-secondary education:** Give details of any post-secondary education that you have attempted or completed.

You must supply officially certified copies of all results.

Years	Institution Attended	P/T or F/T	Degree/Qualification	Completed
				Yes / No
				Yes / No
				Yes / No
				Yes / No

3) Are you currently enrolled in another tertiary course? Yes No

Course: _____

Institution: _____ Year of Course: _____

Please attach certified copies of all academic transcripts.

DECLARATION AND AGREEMENT

I declare that all the information supplied with this application is true and complete in every detail. I acknowledge that providing incorrect information or withholding relevant information may result in the University withdrawing any offer of a place, and that this withdrawal may take place at any stage during the course of study. I authorise La Trobe University to request and obtain further information from any educational institution or employer, which may be required to confirm or clarify my suitability and eligibility for study. I accept that the application and all supporting documentation become the property of La Trobe University and will not be returned to me.

Signature _____ Date ____/____/____

La Trobe University is committed to protecting your personal information as defined by our privacy policy, available to you upon request or available at <http://www.latrobe.edu.au/privacy/>. Information you enter on this form enables La Trobe University to provide you with quality courses, programs and services. You can access your personal information at any time and request correction in accordance with our privacy policy.