

Application for Admission to Postgraduate COURSEWORK PROGRAM

(Graduate Certificate, Postgraduate Diploma, Graduate Diploma, Masters)
 (Australian Citizens and Permanent Residents only)

Applicants – Please Note:

- This form is an application for admission ONLY; applicants MUST complete ALL sections.
- **Certified copies* of supporting documentation** MUST be attached with this application. Failure to provide supporting documentation may delay or prevent your application being considered. Do not send original documents as they cannot be returned to you. Examples of appropriate documentation include certified Academic Records for previous studies, Birth Certificates, etc.
- Applications for Admission must be sent to the Faculty in which you wish to study.
- Applicants wishing to submit more than one application must complete separate applications for each course.
- Applicants are strongly advised to check their eligibility to access HECS-HELP or FEE-HELP, if appropriate, at the Going to Uni website at www.goingtouni.gov.au prior to submitting their application.

*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 (JPs); you can find lists of JPs 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 to the person certifying them, and each page MUST be certified separately and show clearly: the words 'certified true copy of the original'; the signature of the certifying officer; and the name and address or provider/registration number of the certifying officer or notary printed legibly below their signature.

Return the completed application form to:

Postgraduate Student Services Officer
 School of Occupational Therapy
 Division of Allied Health
 La Trobe University
 Victoria 3086

SECTION 1: PERSONAL DETAILS

Have you previously been enrolled at La Trobe University? Yes No

If Yes, under what name was this enrolment?

Student ID Number:

If your name has changed since prior study, please cite your previous name and attach certified copies of documentation regarding the change.

Family Name:

Title: (Mr, Ms, Miss, Mrs, Dr)

Date of Birth / /

Given Names:

Gender: (please circle) Male Female

Address for correspondence

Number and Street:

Suburb/State/Country:

Postcode:

Telephone: (Business/Mobile)

Telephone: (Home)

Facsimile:

Email:

Commonwealth Higher Education Student Support Number(CHESSN): (if known)

Applicants are strongly encouraged to check their eligibility to access HECS-HELP or FEE-HELP, if appropriate, on the Going to Uni website at: www.goingtouni.gov.au prior to submitting their application.

SECTION 2: COURSE INFORMATION

Name of course to which you are applying:

Code:

Faculty and Campus:

Full-time Part-time

Proposed intake year

Semester 1 Semester 2

Other admission period, if applicable (refer to course guide):

SECTION 3: EDUCATIONAL QUALIFICATIONS

List all courses in which you have been enrolled at post-secondary and/or tertiary institutions, including incomplete degrees. Attach **original or certified transcripts** for each course, including incomplete courses. Please include any continuing education courses and/or subjects completed, and if relevant to your application, attach documentary evidence of attendance/ completion.

| Abbreviated Title of Qualification | Student ID Number | Awarding Institution | Period of Enrolment | Completed? (if "no" see below) |
|------------------------------------|-------------------|----------------------|---------------------|--------------------------------|
| Example: BA | 88888888 | La Trobe University | 2004 – 2006 | Yes |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If "no" please enter one of the following codes:

WIL (will complete before admission); **DIS** (discontinued); **ATT** (attempted)

SECTION 4: POST EDUCATION STATISTICS

a) Are you of Aboriginal or Torres Strait Islander Descent?

Are you of Aboriginal Descent? Yes No

Are you of Torres Strait Descent? Yes No

b) Please select the citizenship/residency status that applies to you

NB: you are required to provide evidence of Australian citizenship or permanent residency

Australian Citizen New Zealand citizen Permanent Humanitarian Visa

Permanent Resident Status Date you obtained Permanent Resident Status / /

Temporary Entry Permit Other Please specify

c) Residence

Permanent home residence postcode If residence is overseas, state country

Semester residence postcode If residence is overseas, state country

Country of Birth If born overseas, indicate year of arrival in Australia

Language spoken at permanent residence

d) What is your highest level of educational participation prior to commencement of this course?

02 Completed Higher Education postgraduate level course completion year is

03 Completed Higher Education Bachelor level course completion year is

04 Completed Higher Education sub-degree level course completion year is

05 Have started but not completed Higher Education course

07 Completed final year of secondary education course at school or TAFE completion year is

08 Completed other qualification or certificate of attainment or competence – complete or incomplete completion year is

09 No prior educational attainment completion year is

10 Completed Vocational & Technical Education course (eg TAFE) completion year is

11 Started but not completed a Vocational & Technical Education course (eg TAFE)

SECTION 5: EMPLOYMENT/WORK EXPERIENCE DETAILS

Present occupation: _____

Employment duration: _____

Employer details (please cite information for your most recent employer/s):

Employer 1 Full-time Part-time

Employer 2 Full-time Part-time

Name: _____

Name: _____

Title/Position: _____

Title/Position: _____

Postal Address: _____

Postal Address: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Please provide details on a separate page regarding other employment history (since leaving school) you regard as relevant; this may include unpaid or volunteer work relevant to your chosen course.

SECTION 6: SUPPLEMENTARY INFORMATION/REFERENCES

Please note the following courses require referee reports and/or other supplementary information, as listed.

Faculty of Health Sciences

- Applicants to all Nursing and Midwifery courses please go to: <http://www.latrobe.edu.au/nursing/ProspectiveStudents/Postgraduate/index.html> for a Supplementary Information Form.

- **Applicants to the Master of Occupational Health and Master of Occupational Therapy [mode 2 only] MUST provide two reports from academic referees – please contact the School of Occupational Therapy (9479 5733) to obtain a copy of required report.**

• Applicants to:

- Master of Occupational Therapy Practice
- Master of Occupational Therapy
- Master of Occupational Health
- Postgraduate Diploma in Occupational Health & Safety and
- Postgraduate Certificate in Occupational Health & Safety

MUST provide:

- a curriculum vitae outlining your recent employment history – including positions held, responsibilities and employers' contact details; as well as information on professional affiliations, relevant conference presentations, publications and community involvement, and contact details for two referees; AND
 - a personal statement no longer than one page (see Section 7).
- (For further information, please contact the School of Occupational Therapy – ph: 03 9479 5815)

- Applicants to the Master of Speech Pathology MUST provide two reports from senior academics familiar with their recent achievements.
- Applicants to all School of Public Health courses MUST contact postgrad@latrobe.edu.au for details about requisite information.
- Applicants to Art Therapy, Counselling and Human Services, and Counselling Psychology courses MUST contact dcp@latrobe.edu.au for details about requisite information.
- Applicants to:
 - Bachelor of Education in Lote (AUSLAN)
 - Graduate Certificate in Deaf Studies
 - Graduate Diploma in Deaf Studies
 - Master of Arts (Deaf Studies)
 - Master of Education and
 - Master of Sign LanguageMUST contact 03 9479 2283 (voice & TTY), or email: nids@latrobe.edu.au for details about requisite information.

Faculty of Humanities and Social Sciences

- Applicants to the Master of Arts (coursework) should contact the Faculty for instructions about requisite supplementary information – eg referee reports, thesis details – and relevant forms (ph: 03 9479 2023).

Faculty of Law and Management

- All courses offered by the Graduate School of Management require two reports from senior professional and/or academic referees familiar with the applicant's recent achievements. For forms/further information, contact the School on (03) 9479 3100.

Faculty of Science, Technology and Engineering

- Applicants to the Master of Clinical Psychology and Master of Clinical Neuropsychology must provide two academic and two professional references. Contact the Faculty to obtain proformas for referees to complete and return – phone (03) 9479 2059/2556 or email setyourselfapart@latrobe.edu.au.

SECTION 7: ADDITIONAL INFORMATION

You are invited to support this information with any material you believe will be relevant in the evaluation of your application.

You should also attach a short personal statement (300-400 words) outlining your reasons for applying to your chosen course, why you believe you should be selected, and what you hope to gain from the course. (This information could also include your curriculum vitae; proof of having completed a similar course at La Trobe; publications you have written/presentations you have made; scholarships, prizes, medals and/or awards you have received; and memberships with professional affiliations.)

SECTION 8: DECLARATION AND AGREEMENT

I declare that the information provided on this form is true and complete in every detail. I authorise La Trobe University to contact my former educational institutions in order to verify any of the information I have provided with this application, if deemed necessary.

I understand the University reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information provided by me.

Signature: _____ Date: / /

SECTION 9: CHECKLIST

Please use the following checklist to ensure your application is complete and eligible for processing. Make sure you have:

- Completed Section 1, including information about previous study at La Trobe University and provision of certified copies of evidence relating to a change of name
- Completed Section 2, indicating the preferred course for admission
- Completed Section 3, indicating ALL educational qualifications attempted
- Attached certified copies of ALL educational qualifications attempted
- Completed Section 4
- Completed Section 5
- Completed Section 6
- Attached proof of Australian citizenship and/or residency (certified copies of a Birth Certificate, Passport, Citizenship Certificate or Permanent Residency Visa).
- Provided all supplementary forms and information required, as listed in Sections 6 and 7
- Ensured the correct number of signed, confidential referee reports is attached OR forwarded [to the relevant Faculty] by referees
- Signed and dated the Applicant's Declaration at Section 8
- Checked eligibility for a Commonwealth Supported place on the Going to Uni website: www.goingtouni.gov.au
- Attached any other relevant supporting information

Privacy Statement

At La Trobe University, we respect the privacy of your personal information. Academic Services collects personal information about you during your admission and enrolment period at La Trobe University to ensure your entitlements and obligations are appropriately managed. We are required to collect information about you under the Higher Education Support Act and the Education Services for Overseas Students Act. For this purpose we will use this information and typically to disclose it to the Department of Education Science and Training, Department of Immigration and Citizenship, Australian Taxation Office and Centrelink. You may have the right to access personal information we hold about you, subject to any exceptions in relevant laws, by contacting your local Student Administration Centre, or phoning us on (03) 9479 2005.

OFFICE USE ONLY

ADMINISTRATION USE ONLY

| | | | |
|---|---------------|-------------------------------------|--|
| Application admission Basis | i.e. V12, E33 | <input type="text"/> Course Code | Student ID |
| Selection Outcome – Qualification | | | Application entered / / |
| <input type="checkbox"/> Qualified for Admission <input type="checkbox"/> NOT Qualified for Admission | | | Acknowledgment letter sent / / |
| Selection Outcome – Offer Status | | | Selection outcome entered / / |
| <input type="checkbox"/> Offer Full-time / Part-time (<i>circle appropriate</i>) YOC | | | Applicant notified of outcome / / |
| <input type="checkbox"/> Conditional Offer (please include condition) | | | Other correspondence / / |
| <input type="checkbox"/> Rejected application <input type="checkbox"/> Pending application | | | Conditional Offer or Special Conditions on Enrolment |
| Selection Outcome – Fee Status | | | |
| <input type="checkbox"/> Commonwealth supported Place (CSP) offer <input type="checkbox"/> Fee offer | | | |
| Approved (<i>signature</i>) | | | |
| Name/position | | | |

Application for admission to a Postgraduate **COURSEWORK PROGRAM** (Graduate Certificate, Graduate Diploma, Masters)

MASTER OF OCCUPATIONAL THERAPY

1. Personal Details

Family Name: Mr/Ms/Mrs/___: Date of Birth ___/___/___

Given Names: Gender (please circle):

2. Work Experience

| Position | Start Date | End Date | Employer | Full/Part time |
|----------|-------------|-------------|----------|----------------|
| _____ | ___/___/___ | ___/___/___ | _____ | FT / PT |
| _____ | ___/___/___ | ___/___/___ | _____ | FT / PT |
| _____ | ___/___/___ | ___/___/___ | _____ | FT / PT |
| _____ | ___/___/___ | ___/___/___ | _____ | FT / PT |

Other work experience you feel is relevant to your application

3. Curriculum Vitae

This should be brief and contain information regarding your recent employment history including positions held; responsibilities in these positions; employers; professional affiliations; relevant conference presentations, publications and community involvement; and two referees.

4. Personal Statement

This statement should be no longer than one page and should outline your reasons for applying for this course and what you hope to gain from it.

5. Other Selection Information

Please provide the Selection Officer with any other information you may deem as relevant to this application.

Confidential Report of an Academic Referee

INSTRUCTIONS

You have been nominated as an academic referee to provide a confidential report for an applicant for candidature into a Master level program within the School of Occupational Therapy. The course that the candidate is applying for is marked :

- Master of Occupational Health**
- Master of Occupational Therapy (mode 2 only)**

NOTES FOR THE REFEREE

- **Do not** return this form to the applicant
- All applicants for candidature into a Master level program, where there is a significant research component, within the School of Occupational Therapy are required to nominate two referees who are prepared to support their application. Applicants must provide each nominated referee with a copy of this form for completion and return direct to the University.
- Referee's comments are taken into account when assessing an application for candidature. The University is particularly interested in the referee's opinion of the applicant's previous clinical qualifications, and research experience (as applicable), academic ability, and potential as a research student.
- Referee's comments and opinions will be treated confidentially in assessing the suitability of the applicant for the above candidature.
- **Further information**
If you have any queries regarding this form, please contact the Postgraduate Student Services Officer in the School of Occupational Therapy on (03) 9479 5858.
- **Submission information**
This form should be sent directly to:
Postgraduate Student Services Officer
School of Occupational Therapy
Division of Allied Health
La Trobe University Vic 3086
- **Closing date**
Please return this form by

Confidential Report of an Academic Referee

nominated by an applicant for admission to a Master program in the School of Occupational Therapy

SECTION A Personal Information

(to be completed by the applicant before forwarding this form to the referee)

Family name: _____ Dr/Mr/Mrs/Ms/Miss: _____

Other names : _____

Proposed research topic: _____

Course (): Master of Occupational Health Master of Occupational Therapy (mode 2)

SECTION B: Referee's Report

(to be completed by the referee; DO NOT RETURN THIS FORM TO THE APPLICANT)

Where appropriate . Please type or print written responses.

1. At which stage did you know the applicant (e.g., Year 1, Honours year etc)? _____

2. How well do you know the applicant? very well not very well

3. How do you rate the applicants academic ability?
 outstanding (top 5%) excellent (top 10%) good (top 20%)
 mediocre (top 40%) poor

4. What degree of promise does the applicant have as a candidate for a higher degree researcher?
 excellent very good good
 reasonable poor

5. In your view, does/will the applicant have qualifications that equate to a first class honours degree?
 Yes No
If not, what standard do you expect will be attained? _____

6. What is the actual/likely ranking of the applicant in the relevant peer group? (e.g., 6th in a class of 10)

7. If the applicant has completed a thesis, based on the research completed, how do you rate the thesis?
 excellent very good reasonable poor

8. What is the applicant's capacity to communicate in English?

a) **Written:** excellent very good good reasonable poor
b) **Oral:** excellent very good good reasonable poor

9. What degree of support do you provide for the applicant as a suitable candidate for a research degree?
 unreserved very strong strong
 reserved none

10. Please provide any comments on the applicant which you believe are relevant to the pursuit of candidature for higher degree studies.

SECTION C: Referee's Details

Name: _____ Present position: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____