

Pharmacy Personal Data Form

Bachelor of Pharmacy

Year of Entry - 2010

Applicants please note:

To be considered for the Bachelor of Pharmacy you must have Pharmacy at La Trobe University listed as one of your course preferences with Victorian Tertiary Admissions Centre AND you must submit this Pharmacy Personal Data Form to the La Trobe University address below.

Only submit one Pharmacy Personal Data Form per year of application.

Please ensure you complete all fields on this form and attach certified supporting documentation.

Applicants may be required to attend an interview and will be notified if required

Most interviews will be conducted between **23rd and 27th November 2009**. Late applications may be considered for interview between **4th and 5th January 2010**. Please ensure that you have supplied email address and telephone number at which you can be contacted during these periods.

Please send completed **Pharmacy Personal Data Form** to:

Administrative Officer – Bachelor of Pharmacy
 Faculty of Science, Technology and Engineering
 La Trobe University, Bendigo
 PO Box 199
 BENDIGO VIC 3552.

For consideration at November interviews your form must be received by **2nd November 2009**.

PERSONAL DETAILS

Title	Family Name	Given Names	Date of Birth
Mr/Miss/Ms/Mrs			DD / MM / 19YY
Address:			Telephone (home)
Town/Suburb	State/Country	Postcode	Telephone (mobile)
Email Address		VTAC Number or interstate equivalent	State International
			YES / NO

SECONDARY EDUCATION – CURRENT YEAR 12 (2009)

School:	Suburb:	State:	Post Code:
Subject:	Study Score	Year	Subject: Study Score Year

SECONDARY EDUCATION – PREVIOUS YEAR 12 (Attach a certified copy of results)

School:	Suburb:	State:	Post Code:
Subject:	Study Score	Year	Subject: Study Score Year

POST SECONDARY EDUCATION – (Attach a certified copy of results)

Year/s Attended	Name Of Institution	Part Time (P/T) Full Time (F/T)	Qualification Gained? Yes/No

EMPLOYMENT DETAILS

List any experience you have had in paid or voluntary work where you dealt directly with the public. Statements or references from your employer may be attached to this form.

Period of Employment	Nature of Work	Full-time Part-time or Casual	Employers Name

List any work experience you have had in a pharmacy. Statements or references from your employer may be attached to this form.

Period of Employment	Nature of Work	Full-time Part-time or Casual	Employers Name

Please provide a brief statement to support your application and tell us why you would like to study pharmacy at the Bendigo campus of La Trobe University

DECLARATION

Please sign below after completing all sections of this form and agreeing to the declaration.

I declare that the information provided within this application is true and correct. I understand that the University reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information forwarded by me at any stage. I authorise the University to confirm or obtain official records from any educational institution.

Signature of Applicant

Date