

FACULTY OF HEALTH SCIENCES
 DIVISION OF ALLIED HEALTH
 SCHOOL OF PHYSIOTHERAPY

SUPPLEMENTARY INFORMATION FORM FOR ENTRY IN 2010

FOR APPLICANTS WITH RELEVANT EMPLOYMENT EXPERIENCE

Selection into the Bachelor of Health Sciences and Master of Physiotherapy Practice course is based primarily on academic merit, however paid experience in employment as a health professional or health professional assistant (**equivalent to at least six months full time**) may also be taken into account. Such work has to have been undertaken in the **last two years**. It is important to note that voluntary work **is not** considered by the Selection Committee.

This form must be lodged with the Division of Allied Health, La Trobe University, VIC, 3086 by **Friday 6th November, 2009**. Supplementary information forms received after this date will only be considered in exceptional circumstances after discussion with the Selection Officer, School of Physiotherapy. The information on this form supplements your application lodged through VTAC, 40 Park Street, South Melbourne, VIC, 3205.

Mr/Mrs/Miss/Ms _____	Surname(Block Letters)	Given Names
Address _____		
Postcode _____	Phone _____	
It is the applicant's responsibility to ensure that the Selection Committee has an up-to-date contact address should clarification of an application be required. Contact address during January/February 2010 (if different from above)		
Address _____		
Postcode _____	Phone _____	

DETAILS OF RELEVANT EMPLOYMENT EXPERIENCE

Applicants are required to list details of their relevant employment experience below. Please include copies of references from your employer(s) relating to your work experience on the referees report(s) provided. A separate form is required for each position. The onus is on the applicant to submit all necessary documentation, including the referees report(s) to the Division of Allied Health, by **Friday 6th November, 2009**.

Employment Record:

Dates	Employer	Position Held

Signature: _____

Date: _____

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**SUPPLEMENTARY INFORMATION FORM FOR ENTRY IN 2010 – REFEREE’S
REPORT**

Applicants for the Bachelor of Health Sciences and Master of Physiotherapy Practice course with relevant employment experience are asked to have this form completed by an appropriate referee.

Information obtained is taken into account when assessing an application. The Selection Committee is interested in the nature of the position held by the applicant and the applicant's proficiency in the tasks undertaken in his/her work.

Thank you for your assistance.

NAME OF APPLICANT:

NAME OF REFEREE:

Employment Position and Address of Referee

..... **Phone:**

1. Nature of Position held by applicant:

Position: **Dates of Employment:**

Hours per week:

Duties:

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2. Applicant's Proficiency in tasks carried out:

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Referee's Signature: Date:

Note: To ensure that the application is considered, this form must be returned to the Division of Allied Health Reception, La Trobe University, VIC 3086, no later than Friday 6th November, 2009.