

BACHELOR OF HEALTH SCIENCES AND MASTER OF PODIATRIC PRACTICE

SUPPLEMENTARY INFORMATION – 2010 Enrolments

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

Please indicate (✓) which campus you are applying for:

Bundoora () Bendigo ()

- 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 – see below) **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 “APPLICATION TO TRANSFER COURSE” form
 - b) A new “Request for Commonwealth support and HECS-HELP” form listing Podiatry as the course of study.
- ALL applicants** must attach certified copies of any Year 12 and any post-secondary results.
- ALL applicants** must answer the following questions on a separate sheet of paper (maximum of 300 words each, preferably typed, double spaced on A4 paper) and attach securely to this form.
 - Q1 Summarise your reasons for selecting this course of study.** Your answer must demonstrate an understanding of the podiatry profession.
 - Q2 What activities (paid employment or voluntary) have you had the opportunity to undertake that provide evidence of your motivation to study this course?** Attach references if appropriate.
 - Q3 Podiatrists need to work in multi-disciplinary settings as well as take responsibility for the patient under their care.** Please provide examples of situations where you have had to use teamwork and/or leadership skills.
 - Q4 List any other information that you think may be relevant to your application,** for instance any circumstances that may have hindered your academic progress. Please provide documentation to support your statement.
- 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. 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 Podiatric Practice
Division of Allied Health,
La Trobe University, Victoria 3086**

**BACHELOR OF HEALTH SCIENCES AND
MASTER OF PODIATRIC PRACTICE
SUPPLEMENTARY INFORMATION for 2010**

PERSONAL DETAILS

La Trobe Student No:

2010 VTAC Application No:

Family Name		First Names			
Other Names		Date of Birth			
Street Address					
Suburb		State		Postcode	
Telephone Nos	(BH)		(Mobile)		
Email Address					

Are you an Australian or New Zealand citizen or a permanent resident of Australia? Yes No
(If NO, you must apply through LTU International Programs Office (Tel: 03 9479 1199))

HAVE YOU APPLIED FOR THIS COURSE PREVIOUSLY? Yes No

If Yes, Which Year/S: _____

HAVE YOU ATTENDED ONE OF THE FOLLOWING: OPEN DAY COURSE INFO SESSION

If Yes, Which Year/S: _____

IF NO, HOW DID YOU FIND OUT ABOUT THE COURSE?

EMPLOYMENT HISTORY

Complete the following stating relevant employment history. Write NIL if no employment history.

Year/s	Employer	Department	Position/Title	Nature of work

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.