

## Bachelor of Health Sciences and Master of Health Information Management

### SUPPLEMENTARY INFORMATION FORM - 2009

*This Supplementary Information form is to be completed **BY NON-VCE APPLICANTS ONLY**, ie **NON-VCE applicants who wish to commence in 2009.***

*All applicants other than current La Trobe University students **MUST** also apply via the Victorian Tertiary Admissions Centre (VTAC).*

*Applicants currently enrolled in a course at La Trobe **MUST** complete this form and either:*

- (a) Direct application form (if you will complete your degree this year), or  
(b) an "APPLICATION TO TRANSFER COURSE" form (if your degree is incomplete).*

All documentation should be submitted by **17<sup>th</sup> October 2008 to:**

The Selection Officer  
 Division of Health Studies  
 School of Public Health  
 La Trobe University, Bundoora 3086

ARE YOU APPLYING AS A SPECIAL ENTRY CANDIDATE?    Yes                       No

**Note: Special Entry Assistance Scheme (SEAS) applicants MUST refer to the VTAC Guide for details of eligibility to apply under this scheme.**

**PERSONAL DETAILS:**

LA TROBE STUDENT NO. (if applicable)

FAMILY NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ OTHER NAMES: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ (BH) \_\_\_\_\_ (AH)

 ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLAND DESCENT?                       Yes  No

 ARE YOU A PERMANENT RESIDENT OF AUSTRALIA?                                       Yes  No

 HAVE YOU APPLIED FOR THIS COURSE WITHIN THE LAST TWO YEARS?               Yes  No

IF YES, WHICH YEAR: \_\_\_\_\_

**EDUCATIONAL DETAILS:**

Highest Education Level attempted/completed: \_\_\_\_\_

Institution: \_\_\_\_\_ Year: \_\_\_\_\_

**ACADEMIC TRANSCRIPT:**

Despite the availability of academic results via the VTAC system, it has been our experience that this information is not readily available or complete at the time of selection for early round offers.

Therefore, it is in your interest to supply the School with an **official** academic transcript (or **certified** copy) of all academic results with this application. If you are currently completing a degree, forward **an official record, or certified copy, of results available to date**. It is your responsibility to forward the completed academic transcript when it becomes available.

NOTE: PHOTOCOPIES WILL NOT BE ACCEPTED UNLESS THEY HAVE BEEN CERTIFIED.

### WORK EXPERIENCE DETAILS

Year of Employment	Position Held	Place of Employment	Skills/Knowledge Demonstrated

### PERSONAL STATEMENT AND/OR FURTHER INFORMATION

Please attach a statement of no more than 500 words, your reasons for wishing to undertake this course including how you heard about Health Information Management, and what you know about the course and the profession. Also include any further information that you consider relevant to your application.

Please attach this statement to your application.

### DECLARATION AND AGREEMENT

I **declare** that the information supplied with this application is true and complete in every detail.

I **acknowledge and accept** that the provision of incorrect information or the withholding of relevant information may result in the withdrawal by the University of any place which may be offered, 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 regarding my eligibility for studies.

I **accept** that the application and supporting documentation become the property of La Trobe University and are not returnable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### CHECKLIST

- I have enclosed completed and signed application form.
- I have attached my personal statement
- I have attached original academic transcript (or certified photocopy).
- If qualifications were obtained overseas, I have included evidence that these are equivalent to Australian qualifications.

### Privacy Policy

At La Trobe University, we respect the privacy of your personal information. The Division of Health Studies collects information about you on this form to assist in its consideration of your application for the Bachelor of Health Sciences/Master of Health Information Management course. Information about you on this form will only be used for this purpose. You may have the right to access personal information that we hold about you subject to any exceptions in relevant laws, by contacting the Division of Health Studies (telephone no. 9479 2558; e-mail [Healthinfo@latrobe.edu.au](mailto:Healthinfo@latrobe.edu.au)).