

**Direct Application Form – Graduate Diploma in Child Psychotherapy Studies**  
**For international students only**

**Office use only – Session details**

ID number:	Course code:	
Academic calendar:	Process category:	Admissions calendar:

**Residential status**

Are you a citizen of Australia or New Zealand, or a permanent resident of Australia? Yes  No

If YES, please complete the Monash Direct Application Form (Local students):

<http://www.mindful.org.au/page.asp?departmentID=206>

Country of citizenship: \_\_\_\_\_ Country of birth: \_\_\_\_\_

This application form was submitted by: Self  Monash registered agent

**Personal details**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Sex: Female  Male  Date of Birth: \_\_\_\_\_

Preferred email address for Monash correspondence , e.g. Student email (Monash), hotmail, etc.:  
**(Students for this course are required to have an email address and internet access.)**

Have you previously applied for and/or studied at Monash University? Yes  No

If YES, please state Monash ID Number (if known): \_\_\_\_\_

Have you changed your name since you last applied/studied at Monash University? Yes  No

If YES, please attach relevant documentation.

**Home address**

Address details: \_\_\_\_\_

Country  
: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Other email address: \_\_\_\_\_

**Postal address for correspondence (if different from home address)**

Address details: \_\_\_\_\_

Country  
: \_\_\_\_\_

**Exchange of name & address details**

Do you consent to your name, telephone numbers, postcode and email address being provided to other distance education students who are studying the same units or subjects?    Yes     No

## Education

### Secondary Education (please provide a certified copy of academic transcripts/results)

Secondary Education completed in Australia:

Qualification: \_\_\_\_\_ Year obtained: \_\_\_\_\_ Score: \_\_\_\_\_ State: \_\_\_\_\_

Secondary Education completed overseas:

Qualification: \_\_\_\_\_ Year obtained: \_\_\_\_\_ Score: \_\_\_\_\_ Country: \_\_\_\_\_

### Tertiary Education (please provide a certified copy of academic transcripts/results)

Name of Institution & Country	Qualification	Year first enrolled	Year last enrolled	Tick if completed

Are you seeking Credit for prior academic work, or Recognition of Prior Learning (RPL)?

Yes  No

If YES, please complete a Credit Application Form:

<http://adm.monash.edu.au/service-centre/forms/credit.pdf>

## Employment history

Please provide details of any employment experience that may be relevant to the course application. Supporting documentation, i.e. Curriculum Vitae or references may be submitted. Please use additional pages if space below is insufficient.

Dates	Employer	Position and Duties	Full-time/ Part-time	Continuing/fixed term/casual

## Reasons for undertaking course

State briefly why you want to take this course. List also your areas of interest.

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## Professional membership

List details of memberships of professional societies/associations (if any).

Name of Society / Association	Grade of Membership	First Year of Membership

## Research / Experience

Have you conducted any original research or produced any publications that may be relevant to this application? Please provide details, attaching additional documentation if necessary. For publications, list date, name of journal or publisher and title of article.

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## Referees

Please provide the names, addresses and telephone numbers of two referees, if possible, one of whom should be able to comment on your academic performance.

Name	Address & phone number	Status/Relationship to Applicant

## Course details

The Monash course you are applying for: Graduate Diploma in Child Psychotherapy Studies by Distance Education. This is a part-time, fee-paying course.

List your units/study program you wish to apply for in the first year of your enrolment:

Unit Code	Unit Title	Teaching Period (Sem 1/Sem 2)

## Course discovery

Please indicate how you learned about the Graduate Diploma in Child Psychotherapy Studies:

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Professional Journal<br><i>Please specify:</i> _____ |  |
| <input type="checkbox"/> Internet    | <input type="checkbox"/> Word of Mouth<br><i>Please specify:</i> _____        |  |
| <input type="checkbox"/> Email       | <input type="checkbox"/> Other<br><i>Please specify:</i> _____                |  |

## Declaration

I warrant that the information on this form, or provided in support of my application, is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application, including academic transcript/s, might invalidate my application and that the University may withdraw an offer of a place or cancel my enrolment in consequence.

Should the University determine that I have submitted a false document, I consent to the University disclosing this information to other relevant tertiary institutions.

I consent to any educational institution at which I have previously been a student and/or my current or any past employer, providing Monash University with information which that institution or employer holds about me for the purpose of Monash verifying my grades and/or qualifications or experience.

I authorise Monash University to obtain further information with respect to my application and, if necessary, seek academic information or transcripts from Australian educational institutions. Where necessary Qualsearch will be engaged to access this academic information. I understand that Monash University is not responsible if any educational body or institution does not supply these records. I understand that the results of the search will be made available to me on request and that an audit of this authority may also be undertaken.

I have read the University's statement on privacy and the purposes for which my personal information will be used (available at [www.privacy.monash.edu.au](http://www.privacy.monash.edu.au)).

I agree to abide by the statutes, regulations and policies of Monash University.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Please send this application to:**

Course Administrator  
 Graduate Diploma in Child Psychotherapy Studies  
 C/- Mindful – Centre for Training and Research in Developmental Health  
 Building 36  
 Repatriation Campus  
 Austin Health  
 HEIDELBERG VIC. 3084

Phone: 9496 2280

Fax: 9499 9120

Email: [ChildPsychotherapy@med.monash.edu.au](mailto:ChildPsychotherapy@med.monash.edu.au)

<b>Office Use Only</b>	
Offer of Admission <input type="checkbox"/>	Rejection - No Offer <input type="checkbox"/>
Offer of Admission with Conditions <input type="checkbox"/>	<b>Reason for rejection – tick appropriate box</b>
Offer Conditions - please state: _____ _____ _____	insufficient quota <input type="checkbox"/>
	documentation unsatisfactory <input type="checkbox"/>
	not qualified <input type="checkbox"/>
	reconsideration requested <input type="checkbox"/>
Offer Authorised by:	Rejection Authorised by:
Date / /	Date / /