

Direct Application Form – Master of Child Psychoanalytic Psychotherapy
For local/domestic students only

Office use only – Session details		
ID number:	Course code:	
Academic calendar:	Process category:	Admissions calendar:

Residential status

Are you: An Australian citizen
A New Zealand citizen
A permanent resident of Australia

Personal details

Title: _____ Surname: _____ Given Names: _____

Sex: Female Male Date of Birth: _____ Place of Birth: _____

Preferred email address for Monash correspondence:

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.

Are you a Monash staff member? Yes No If Yes, please state your staff number: _____

Home address

Number & Street: _____

Suburb: _____ State: _____

Country: _____ Postcode: _____

Home phone: _____ Business phone: _____

Mobile: _____ Fax: _____

Other email address: _____

Postal address for correspondence (if different from home address)

Number & Street: _____

Suburb: _____ State: _____

Country: _____ Postcode: _____

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.

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.

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: Master of Child Psychoanalytic Psychotherapy. 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 Master of Child Psychoanalytic Psychotherapy:

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

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

Applicant's signature: _____ Date: _____

Please return this application to:

Course Administrator
 Master of Child Psychoanalytic Psychotherapy
 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

Office Use Only	
Offer of Admission <input type="checkbox"/>	Rejection - No Offer <input type="checkbox"/>
Offer of Admission with Conditions <input type="checkbox"/>	Reason for rejection – tick appropriate box
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 / /