



RETURN FORM TO:
Student Services
School of Enterprise
The University of Melbourne
Level 3, 442 Auburn Road
Hawthorn, VIC, Australia 3122
Ph: +61 3 9810 3245
Fax: +61 3 9810 3149

Application Form

PG Dip in Perioperative and
Critical Care Echocardiography

School of Enterprise



Applications must be accompanied by certified copies or original academic transcripts and other supporting materials requested in the application form.

1. PERSONAL DETAILS

Title:

Family Name:

Given Name(s) in full:

*This is the name that will appear on your transcript

Preferred Name:

Date of Birth: Day Month Year

Gender: M F

Have you ever applied for a University of Melbourne course? Yes No

Student Number:

2. CONTACT DETAILS

Address for correspondence during term/semester: This is my mailing address

Street:

City: State:

Country: Postcode:

Permanent address (if different from above): This is my mailing address

Street:

City: State:

Country: Postcode:

Telephone: Business: Home:
Country Code Area Code Country Code Area Code

Mobile: Fax:
Country Code Area Code Country Code Area Code

Email:

3. RESIDENTIAL STATUS

Please indicate your residential status:

Please note, ALL students must declare their citizenship details on our website, once accepted into the course.

Australian Citizen Australian Permanent Resident New Zealand Citizen Other

Date residency awarded: Country of citizenship:

4. ATTENDANCE TYPE

Please indicate your study preference:

Part Time (2 subjects per semester) Full Time (4 subjects per semester)

5. ENGLISH LANGUAGE PROFICIENCY

Did you complete your tertiary qualifications outside Australia?

No Please proceed to section 6

Yes Please complete the questions below

Please tick the box that indicates how you have satisfied English language requirements for admission to the university.

You must provide documentary evidence of your English proficiency.

- Completed secondary studies in an English speaking country.
- Completed the final two years of study and passed the final year English, in a secondary school where English is the language of instruction.
- Completed the first year of a tertiary course taught in English, at an institution where English is the language of instruction.
- Undertaken the American Test of English as a Foreign Language (TOELF)

Score obtained: Written component: Date of Test:

- Undertaken the International English Language Testing Systems (IELTS).

Score obtained: Written component: Date of Test:

- Undertaken English studies equivalent to the above. Please provide details:

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

6. ACADEMIC PATHWAY

Please complete the table below with your most recent qualification listed first.

| Name of Qualification | Name of Institution | Country of Institution | Course Length (no. of years) | Date of Completion |
|-----------------------|----------------------|------------------------|------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

I have attached a certified copy of my academic transcripts

7. RELEVANT PROFESSIONAL WORK EXPERIENCE

Please complete the details of your current position below and attach your Curriculum Vitae with this application.

Employer:

Employer Website:

Position Title: Period of employment:

Area of Speciality:

I have attached a brief Curriculum Vitae

8. HOW DID YOU FIND OUT ABOUT THE COURSE?

We would be grateful if you could let us know how you found out about the course.

Word of mouth

Internet Search Engine (i.e. Google) HEARTweb.com.au unimelb.edu.au

Journal

Other

9. PAYMENT DETAILS

Please charge my credit card

Please debit my: Bank Card Master Card Visa Card

Cardholder's Name:

Amount: \$

Credit Card Number: Expiry Date: /

Cardholder's Signature:

Enclosed is my cheque made payable to UMEE Pty Ltd.

Please send an invoice to my mailing address

I wish to pay via FEE-HELP

10. CHECKLIST

Indicate by ticking the relevant box(es) below the documents you are sending with your application:

Academic Pathway

- Certificate/Notarised copies or original transcripts from your tertiary level studies (completed and current)
- Evidence of English language proficiency (if you answered "Yes" to section 5)
- A certificate/notarised translation of academic transcripts (if not in English)

If you have not provided all the requested documentation please advise when the missing information will be forwarded:

Please note: your application cannot be considered unless all requested documentation has been received.

11. DECLARATION AND SIGNATURE

I understand that The University of Melbourne may disclose the personal information I have given in this application form to the Department of Education, Science and Training (DEST), and that DEST will collect and store my personal information in the Higher Education Management System.

I declare that the information I have submitted with this application is to the best of my knowledge, complete and correct.

I hereby authorise The University to make enquiries and to obtain official records from any university and tertiary educational institution concerning my current or previous attendance which, in its absolute discretion, it believes are necessary to be made or obtained.

I acknowledge that my failure to disclose my true and complete tertiary record may result in my being excluded from the University and acknowledge that the University may terminate my enrolment at any stage during the tertiary course I undertake if I have provided forged, false or falsified evidence or withheld evidence of my citizenship or immigration status, or I have allowed the University to act upon information about my citizenship or immigration status which I knew to be incorrect.

In consideration of my enrolment as a student and the provision of teaching services and education resources by the University, I agree whilst I am enrolled as a student to be bound by the regulations of the University in force and to be subject to the lawful instructions of officers of the University.

I authorise the University of Melbourne to release any academic results to my sponsor and the release of results applies to the duration of my enrolment in this course.

I hereby declare that I have read and understood the above conditions and agree to be bound by those conditions.

Signature

Date

Day

Month

Year

APPLICATION DATES

Semester 2, 2008 applications close 31 May 2008

Semester 1, 2009 applications close 30 November 2008

Please send application (original plus one completed copy) to:

Kerrie Edmond

Course Administrator

Department of Pharmacology

Faculty of Medicine, Dentistry and Health Sciences

The University of Melbourne VIC 3010

Email: echo-info@unimelb.edu.au