



THE UNIVERSITY OF MELBOURNE

Faculty of Medicine, Dentistry and Health Sciences School of Medicine

APPLICATION FOR ADMISSION TO:

Master of Genetic Counselling (*CRICOS Course Code Pending*) Graduate Diploma in Genetic Counselling

Please type or print in block letters in black ink.

DESIRED COURSE (Please tick appropriate box)

Master of Genetic Counselling
Graduate Diploma in Genetic Counselling

Please note these courses are only offered on a FULL TIME basis

PERSONAL DETAILS

Title: Mr / Ms / Mrs / Miss / Dr

Name: _____
First Middle Name(s) Family Name

Address: (To which correspondence regarding this application may be sent)

_____ TELEPHONE NUMBERS:
Home: _____
Business: _____

Postcode: _____ Fax: _____

E-mail address: _____ Mobile: _____

Date of Birth: _____ Age: _____

RESIDENTIAL STATUS (Please Tick)

- Australian Citizen. (Please provide certified copy of passport or Australian birth certificate, or Certificate of Australian citizenship).
- New Zealand Citizen (Please provide certified copy of New Zealand passport).
- Australian Permanent Resident (Please provide certified copy of Permanent Residency Visa or Certificate of Permanent Residency).

**NB: International applicants must apply through "Future students", University of Melbourne
www.futurestudents.unimelb.edu.au/int/ipg/index.html**

TERTIARY STUDIES

i. UNDERGRADUATE STUDIES

Degree / Diploma Conferred _____

Institution _____

Year Completed _____

Major study or studies in undergraduate course _____

Degree / Diploma Conferred _____

Institution _____

Year Completed _____

Major study or studies in undergraduate course _____

Cognate subject or relevant professional experience _____

Preference in selection will be given to students who have completed a cognate subject such as human genetics, biochemistry, cell biology, physiology to second year (depending on course content). Applicants who do not have an undergraduate degree, but who have relevant professional experience deemed to equate to undergraduate studies in cognate areas will be considered.

ii. POSTGRADUATE STUDIES

Degree / Diploma Conferred _____

Institution _____

Year Completed _____

Degree / Diploma Conferred _____

Institution _____

Year Completed _____

This application must be accompanied by original or certified copies of transcripts of the qualifications listed. Applications will not be processed unless this documentation is provided.

Are you presently enrolled in, or intending to enrol in, any other courses at this University or other institute of higher learning? YES/NO

If Yes, please list:

EMPLOYMENT HISTORY

Please attach a letter, of approximately 1,000 words, explaining how relevant experience, either paid or voluntary, is relevant to the field of genetic counselling.

Please provide an employment history for the past 5 years, please include any relevant volunteer work.

Year	Employer	Nature of Work	Full/Part Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFEREES

Please list the names, addresses, telephone numbers and email addresses of two referees who are able to comment on your suitability to work successfully as a counsellor and indicate how these people are known to you.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

ADDITIONAL PRE-REQUISITES

i. INTERVIEW

Final selection is by interview. Not all applicants will be offered an interview. Unsuccessful applicants will not be notified.

Interviews must be completed by the last week of November. Please indicate any periods of time you will be unavailable for interview: _____

DECLARATION

- I understand that this application is submitted and received on the understanding that the University may obtain official records with respect to me from any other University or Institution currently or previously attended by me.
- I declare that the information provided by me is true and correct in every particular.
- I acknowledge that the University of Melbourne reserves the right to reverse or vary any decision regarding admission made on the basis of incomplete or false information.
- I understand that I may be required to supply evidence that I meet the University's English language proficiency requirements.
- I declare that I will be able to abide by the University's policy on admission, fees payment and fee refunds.
- I understand that the University reserves the right to inform other tertiary institutions if any of the material presented with this application is found to be false.
- I understand that the personal information that I have provided may be released to Australian Commonwealth and State agencies under the ESOS Act 2000.
- 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 Information Management System.

Applicant's Signature: _____ Date: _____

THE CLOSING DATE FOR APPLICATIONS IS **FRIDAY 26TH OCTOBER, 2007**.

Please send application (**original plus 1 copy**) to:

The Manager, Coursework Programs
School of Medicine
Faculty of Medicine, Dentistry and Health Sciences
The University of Melbourne
VICTORIA 3051

APPLICATIONS WILL NOT BE ACKNOWLEDGED.

CRICOS PROVIDER CODE: 00116K

GRADUATE DIPLOMA IN GENETIC COUNSELLING **CRICOS COURSE CODE:** 023182K

MASTER OF GENETIC COUNSELLING **CRICOS COURSE CODE:** PENDING