

BACHELOR OF HEALTH SCIENCES

STUDENT ID NUMBER

SECTION 1: PERSONAL DETAILS

TITLE	SURNAME
GIVEN NAMES	
GENDER (M OR F)	DATE OF BIRTH
PREVIOUS NAME (IF APPLICABLE)	

FACULTY TO COMPLETE

ADMISSION PROCESS CATEGORY	UNDER-HECS
COURSE CODE	
LOCATION <input type="checkbox"/>	MODE <input type="checkbox"/> TYPE <input checked="" type="checkbox"/> U
CORRESPONDENCE CAT.	OF
FEE CATEGORY	DOM6HECS

SECTION 2: HOME/POSTAL ADDRESS

NO. & STREET	
SUBURB	
STATE COUNTRY	POSTCODE
TEL (Home)	TEL (Business)
TEL (Mobile)	FAX
EMAIL (Mandatory)	
POSTAL ADDRESS (IF DIFFERENT TO ABOVE)	

SELECTION OUTCOMES

<input type="checkbox"/> OFFERED	<input type="checkbox"/> OFFERED WITH CPL
<input type="checkbox"/> CONDITIONAL OFFER	<input type="checkbox"/> NOT OFFERED
BASIS FOR ADMISSION	
SELECTION OFFICER	TEL
SIGNATURE	DATE
APPLICATION ENTERED BY	DATE / /
OUTCOME ENTERED BY	DATE / /

Are you an Australian citizen or permanent resident, or a New Zealand citizen?

YES NO

If No, you cannot enrol in this course.

SECTION 3: COURSE DETAILS**DEAKIN LEARNING CENTRE LOCATION**

DANDENONG PORTLAND WERRIBEE HAMILTON CRAIGIEBURN

STUDY LOAD FULL TIME PART TIME

COMMENCING TRIMESTER 1 TRIMESTER 2

SECTION 4: EDUCATIONAL HISTORY

Enter details for both secondary and post-secondary study. Fully **certified** copies of original documents are required including evidence of your ATAR score if applicable.

SECONDARY EDUCATION – Provide details of your final year of study at secondary level.

SECTION A

HAVE YOU COMPLETED YEAR 12? (Yes or No)

YEAR OF COMPLETION

If NO, go to Section B

ATAR OR EQUIVALENT?

STATE OR TERRITORY OF YEAR 12 COMPLETION

YEAR 12 ID NUMBER?

TYPE OF YEAR 12 COMPLETED (E.G. VCE)

SCHOOL NAME AND SUBURB WHERE YEAR 12 COMPLETED

SECTION B

YOUR HIGHEST COMPLETED YEAR OF SECONDARY SCHOOL

YEAR OF COMPLETION

STATE OR TERRITORY WHERE COMPLETED

SCHOOL NAME AND SUBURB WHERE COMPLETED

POST SECONDARY STUDIES – Provide details of any post secondary study. (eg. TAFE or University courses)

COURSE NAME (EG. CERTIFICATE II IN ...)	COURSE CODE	PROVIDER	STATE/ COUNTRY	ENROLLED FULL OR PART TIME	YEARS ENROLLED EG. 03-05	COMPLETED (YES OR NO, IF NO %)	PREVIOUS STUDENT ID NUMBER	ARE DOCUMENTS ATTACHED?

SECTION 5: EMPLOYMENT HISTORY

Provide details of any employment, community work or work experience positions which you consider relevant to your application **OR** attach a copy of your CV/resume.

DURATION	EMPLOYER	POSITION	MAIN DUTIES WHERE COMPLETED
FROM / / TO / /			
FROM / / TO / /			
FROM / / TO / /			
FROM / / TO / /			
FROM / / TO / /			
FROM / / TO / /			

SECTION 6: PERSONAL STATEMENT

Provide a statement of 300-500 words in support of your application. This statement should include information to demonstrate:

- your motivation and commitment to study
- interest in health sciences
- desire to pursue or advance a career in the area
- any other factors relevant to your application

I have enclosed my Personal Statement.

SECTION 7: DEAKIN ACCESS AND EQUITY PROGRAM

Applicants for admission to an undergraduate course at Deakin are eligible to apply for consideration under the Deakin Access and Equity Program. Applicants from the designated groups listed below may apply for special consideration in admission through the Deakin Access and Equity Program. If you wish to apply please tick the category/s you wish to be considered for. You must also include a personal statement (additional to any other personal statement required by the course/faculty application) outlining how your circumstances have impacted on your education, as well as certified documentary evidence.

Visit the admissions web site for further information regarding evidence required at www.deakin.edu.au/study-at-deakin/apply/apply-for-a-course-undergraduate/access-and-equity-program

Mature-age entry

Rural or isolated applicants

Difficult family circumstances

Non-English speaking background

Under represented schools

Refugee

Disadvantaged financial background

Disability or long term medical condition

Recognition as an Indigenous Australian

SECTION 8: DECLARATION

- I declare that to the best of my knowledge the information supplied in this application and the documentation supporting it are correct and complete.
- Where records of prior study have been provided in support of my application, I authorise Deakin University to conduct a search and retrieval of my academic record from my previous institution/s to verify the information contained in my application.
- I acknowledge that the provision of incorrect information or documentation relating to my application may result in withdrawal of any offer of a place and that such withdrawal may take place at any stage of the course, at the discretion of Deakin University.
- I agree to abide by the Statutes, Rules and Regulations of the University.
- I consent to such of my personal identifying data being provided to the Department of Education and Training as is necessary for allocation of a CHESN (Commonwealth Higher Education Student Support Number), and my SLE (Student Learning Entitlement).
- For International students only – I declare that I am in possession of the appropriate visa for my intended study program.

SIGNATURE

DATE

Please return your completed application to:

Administrative Coordinator

Deakin Learning Centre

Level 3, 237 Lonsdale St

Dandenong Vic 3175

Email: dandenong@deakin.edu.au

Deakin University's Privacy Statement can be found at www.deakin.edu.au/privacy

STATISTICS

- Your enrolment cannot be completed if these statistics are not provided.
- These statistics are required by the Department of Education and Training pursuant to Subdivision 19-70(1) of the Higher Education Support Act 2003. The statistics are collated and provided to the Department of Education and Training and do not identify individual students.

01 Are you of Aboriginal or Torres Strait Islander descent?
(Select one only)

- No
- Yes–Aboriginal
- Yes–Torres Strait Islander
- Yes–Aboriginal and Torres Strait Islander

02 What is your citizenship status during this year?
(Select one only)

- Australian Citizen
- New Zealand Citizen (see 03)
- Permanent Humanitarian Visa Holder (proof required–see 03)
- Permanent Visa Holder (not Humanitarian–see 03)
- Temporary Entry Permit Holder
- Other status

03 If you are a student who is a New Zealand Citizen, has Permanent Residence status, or is the holder of a Permanent Humanitarian Visa, select a statement that best describes your circumstance below.

- You are residing inside Australia for the Trimester or outside Australia as a requirement of the course.
- You are residing outside Australia for the Trimester but not because of a requirement of the course.

04 In what country is your permanent home address?

- Australia Postcode
- Other country Name

05 In what country is your residence during the year?

- Australia Postcode
- Other country Name

06 In what country were you born?

- Australia
- Other country Name
- Year of arrival into Australia

07 Do you speak a language other than English at your permanent home residence?

- Yes No Language

08 If you are an Australian school leaver, what was your home postcode in your last year of Secondary School?

09 Please indicate your parents/guardians gender and highest level of education.

- | | |
|---------------------------------|---|
| Parent 1 | Parent 2 |
| <input type="checkbox"/> Male | <input type="checkbox"/> Male |
| <input type="checkbox"/> Female | <input type="checkbox"/> Female |
| Parent 1 | Parent 2 |
| <input type="checkbox"/> | <input type="checkbox"/> Postgraduate qualification |
| <input type="checkbox"/> | <input type="checkbox"/> Bachelor degree |
| <input type="checkbox"/> | <input type="checkbox"/> Other post school qualification |
| <input type="checkbox"/> | <input type="checkbox"/> Completed year 12 or equivalent |
| <input type="checkbox"/> | <input type="checkbox"/> Did not complete year 12 or equivalent |
| <input type="checkbox"/> | <input type="checkbox"/> Completed year 10 or equivalent |
| <input type="checkbox"/> | <input type="checkbox"/> Did not complete year 10 or equivalent |
| <input type="checkbox"/> | <input type="checkbox"/> Not sure |

10 What is the highest attainment of education you completed prior to this course? (Select one only)

- A complete higher education postgraduate course
- A complete higher education bachelors degree course
- A complete higher education sub-degree course
- An incomplete higher education course
- A complete final year of secondary education course (at school or TAFE)
- A complete other qualification or certificate of attainment or competence
- No prior educational attainment
- A complete TAFE award course
- An incomplete TAFE award course
- Last year of enrolment was

11 If you have undertaken prior undergraduate studies please provide the name of the institution at which you studied?

12 Do you have a disability, impairment or long-term medical condition which may affect your studies?

- Yes No

13 If 'Yes' to '12', please indicate the area(s) of impairment.

- Hearing Learning Mobility
- Vision Medical Other

14 If 'Yes' to '12', would you like to receive advice on support services, equipment and facilities which may assist you?

- Yes No

I hereby declare that the information provided is correct and complete

SIGNATURE

DATE