

Professional Development Unit Application for Admission and Enrolment

Faculty of Health



DEAKIN
UNIVERSITY AUSTRALIA

Student ID number

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Please complete if you are a current or a former Deakin student

01 Personal details

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

02 Postal address

No. & STREET			
SUBURB	STATE COUNTRY	POSTCODE	
TEL (Home)	TEL (Business)		
TEL (Mobile)	FAX	EMAIL	

03 Home address

No. & STREET		SUBURB
STATE COUNTRY	POSTCODE	TEL (Home)

04 Payment of fees (must accompany this enrolment form)

This application form will be a tax invoice for GST when you make payment. ABN: 56721584203. Cheques should be made payable to: Deakin University and posted directly to the Professional Development Unit (address over) or provide credit card details below.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Bankcard	<input type="checkbox"/> Cheque
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expiry date / /

Signature	Total amount \$
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05 Unit enrolment

Mode **Full** (with assessment) **Audit** (without assessment) **International** (with assessment)

Trimester 1 2 3 Are you an Australian citizen or permanent resident? Yes No

Learning package code	Learning package title
1	
2	
3	
4	

