

# Application for Admission 2010

Master of Occupational Health & Safety  
Graduate Diploma in Occupational Health & Safety Management  
Graduate Certificate in Occupational Health & Safety Management

## PERSONAL DATA

### OFFICE USE ONLY

Identity Number

<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"/>
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### Application for

- Master of Occupational Health and Safety Management  
 Graduate Diploma in Occupational Health and Safety Management  
 Graduate Certificate in Occupational Health and Safety Management

Mode of study      Internal       Online

I wish to study      Full Time       Part Time

### Bio/Demographic Data

<b>Title (eg Mr, Ms, Dr etc)</b>		<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Family Name</b>				
<b>First Names</b>				
<b>Previous Names</b>				
<b>Date of Birth</b>				
<b>Home Address</b>	<i>Street 1</i>			
	<i>Street 2</i>			
	<i>Suburb</i>			
	<i>State</i>		<i>Postcode</i>	
	<i>Country</i>			
<b>Mailing Address</b>	<i>Street 1</i>			
	<i>Street 2</i>			
	<i>Suburb</i>			
	<i>State</i>		<i>Postcode</i>	
	<i>Country</i>			
<b>Telephone</b>	<i>Home</i>			
	<i>Mobile</i>		<i>Fax</i>	
<b>Business</b>	<i>Name</i>			
	<i>Address</i>			
	<i>Telephone</i>			
<b>Email Address</b>				

## University of Adelaide

Have you ever been enrolled at University of Adelaide before?

Yes

No

If YES, what is your Student ID?

## Employment History

Organisation name	Date commenced & date finished	Position	Nature of duties

Alternatively attach a brief CV.

## INTERESTS AND APTITUDES

Attach a typed statement of 500 words (maximum) describing your personal aim in wishing to undertake the GCOHSM, GDOHSM or MOHS Program. Draw attention to relevant aspects of your work experience, your range of interests, and special achievements in any field.

## STATISTICS (Part 1)

The information you provide below is required by the Commonwealth Government. The University undertakes to provide the information to the Commonwealth Government as statistical data only and will not provide information on individual students.

### 1. Are you of Aboriginal or Torres Strait Islander origin?

Yes

No

If yes, please select one of the following:

- Aboriginal  
 Torres Strait Islander  
 Aboriginal and Torres Strait Islander

### 2. Citizenship and residence status during this semester (tick only one box)

- (1)  Australian Citizen  
(2)  New Zealand Citizen  
(3)  Permanent resident status (excluding New Zealand citizenship).  
(4)  Temporary entry permit/visa or you are a diplomat or dependant of a diplomat (except New Zealand) and reside in Australia during the semester  
(5)  Reside overseas during the semester and are NOT an Australian or New Zealand citizen and you do NOT have permanent resident status

Country of Citizenship: \_\_\_\_\_

### Day, month and year permanent residence was granted

Day   Month   Year

### 3. In what country is your PERMANENT home address?

- Australia  
 Other

If you answered 'Australia' please provide the postcode for the address of your permanent home residence: \_\_\_\_\_

If you answered 'Other' please provide the name of the country: \_\_\_\_\_

### 4. In what country were you born?

- Australia  
 Overseas Country

Name of Country: \_\_\_\_\_

Year of first arrival in Australia:

### 5. Do you speak a language other than English at your permanent home residence?

Yes  No

If you answered yes, please tick a box:  Italian  Greek  Cantonese  Mandarin  Vietnamese  Arabic  Other

Please specify other language: \_\_\_\_\_

### 6. This question is for domestic students only. If you are enrolling at University for the first time and completed Year 12 in the last year

Enter the postcode of your permanent home residence in your last year of secondary studies:

Enter the suburb or town or locality of your permanent home residence in your last year of secondary studies: \_\_\_\_\_

### 7. What education had you completed before your current program? All questions must be answered.

#### Post-Graduate Program of any type (Higher Doctorate, PhD, Master's Preliminary or Qualifying, PG Certificate):

- (1)  Never commenced  
(2)  Commenced but not all requirements completed  
(3)  Completed all requirements for the award

If you answered 2 or 3, please provide:

Last year of enrolment:

#### Bachelor Degree at any institution:

- (1)  Never commenced  
(2)  Commenced but not all requirements completed  
(3)  Completed all requirements for the award

If you answered 2 or 3, please provide:

Last year of enrolment:

#### Advanced Diploma, Diploma, or Associate Diploma studied at CAE, University, Teacher's College or an Institute of Technology, Advanced Education or Tertiary Education - (Non Vocational Education & Training (VET) Sub-Degree Program):

- (1)  Never commenced
- (2)  Commenced but not all requirements completed
- (3)  Completed all requirements for the award

If you answered 2 or 3, please provide:

Last year of enrolment:

**Advanced Diploma, Diploma or Associate Diploma studied at Technical & Further Education (TAFE) or Technical College - (Vocational Education & Training (VET) Award Program):**

- (1)  Never commenced
- (2)  Commenced but not all requirements completed
- (3)  Completed all requirements for the award

If you answered 2 or 3, please provide:

Last year of enrolment:

**Final Year of Secondary Education at a High School, or TAFE:**

- (1)  Never commenced
- (2)  Completed

If you answered 2, please provide:

The year in which you completed the final year of secondary education:

**Other qualification:**

- (1)  Never commenced
- (2)  Completed

If you answered 2, please provide:

The year the requirements for the qualification or certification were completed:

**SECTION 2: EMERGENCY CONTACT**

<b>Full Name:</b>				<b>Relationship:</b>
<b>Residential Address:</b>				
<b>Telephone Contact:</b>	Home:	Work:	Mobile:	

**SECTION 3: LIBRARY SERVICES**

Do you give permission for your name to be disclosed to a reader who wishes urgently to consult a book that you have on loan from the library?

- Yes
- No

**SECTION 4: EXTERNAL STUDENTS ONLY**

Do you give permission for your name to be released to another external student?  Yes  No

**SECTION 5: DISABILITY SUPPORT SERVICES (optional)**

Please note that this information will be treated with utmost confidentiality. It is requested for the purpose of providing appropriate student support.

Please contact the Disability Liaison Officer for further assistance.

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

- Yes
- No

If yes, please indicate the area(s) of impairment:

- Hearing
- Learning
- Mobility
- Vision
- Medical
- Other

If yes, would you like to receive advice on support services, equipment, and facilities that may assist you?

- Yes
- No

## Declaration

*I certify that to the best of my knowledge all documentation and information submitted or made available by me in connection with this application is true, accurate and complete. I acknowledge that the provision or inaccurate or incomplete information may result in the withdrawal of any offer of enrolment or the cancellation of any enrolment allowed on the basis of acceptance of that offer. I consent to the collection, storage and disclosure of information relating to record falsification or other irregular acts in accordance with Universities Australia Committee procedures. I authorise the University of Adelaide to obtain my academic record from other educational institutions. If sponsored I authorise the University of Adelaide to release details of my academic progress to my sponsoring body upon request.*

*I understand*

*-That the University of Adelaide is collecting information on this form for the purposes of assessing my entitlement to Commonwealth Assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me*

*- the University of Adelaide will disclose this information to the Department of Education, Employment and Workplace Relations (DEEWR) for those purposes*

*- DEEWR will store this information securely in the Higher Education Information Management System;*

*-DEEWR may disclose the information to the Tax Office; and*

*-the University of Adelaide and DEEWR will not otherwise disclose this information without my consent unless required or authorised by law*

Signature of applicant

Date

## CHECKLIST - MAKE SURE YOU HAVE ATTACHED

- (1)  Proof of your status as a permanent resident or holder of an Australian permanent humanitarian visa (if required)
- (2)  Complete certified transcripts of degrees and diplomas (showing passes and fails)
- (3)  Proof of name changes if your qualifications were awarded in a different name
- (4)  Certified English Language translations of your qualifications if these are not in English
- (5)  Curriculum Vitae if required.
- (6)  500 word statement of interest

### **Note:**

- The 2010 intake to both the Master of Occupational Health and Safety degree, Graduate Diploma in Occupational Health and Safety Management and Graduate Certificate in Occupational Health and Safety Management is limited. Accordingly, each person seeking to enrol is required to apply for admission by Friday 11<sup>th</sup> December 2009 for admission in Semester One, 2010.
- Selection of applicants for the Semester One will take place late in 2009. Each applicant will be notified of the result of her or his application in December and only those applicants who have been so authorised in writing will be permitted to enrol in 2010.

## APPLICATION FORMS SHOULD BE SENT TO:

**Postgraduate Administrative Officer  
Discipline of Public Health  
Mail Drop DX 650 207  
The Tower Building  
Level 9, 10 Pulteney Street  
University of Adelaide, SA, 5005**