

# BACHELOR OF PSYCHOLOGICAL SCIENCE CRAIGIEBURN - APPLICATION

STUDENT ID NUMBER

## SECTION 1: PERSONAL DETAILS

FACULTY TO COMPLETE

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

ADMISSION PROCESS CATEGORY	U/HECS	
COURSE CODE	H344C	
LOCATION <input type="text" value="B"/>	MODE <input type="text" value="F"/>	TYPE <input type="text" value="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)	

## 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

UNIT SELECTION	TRIMESTER	CAMPUS	MODE

APPLICATION ENTERED BY	DATE / /
OUTCOME ENTERED BY	DATE / /

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

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If No, you will need to telephone Deakin International on 03 9244 5095 or go to [www.deakin.edu.au/study-at-deakin/international-students](http://www.deakin.edu.au/study-at-deakin/international-students)

## SECTION 4: COURSE DETAILS

Indicate the course code and name of the course you are applying for.

COURSE CODE	H344C	COURSE NAME	Bachelor of Psychological Science at Craigieburn
COMMENCING	<input type="checkbox"/>	TRIMESTER 1	

31/07/2013

## SECTION 5: 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 or your application will not be processed.

**SECONDARY EDUCATION** – Provide details of your final year of study at secondary level. (Undergraduate applicants only.)

HAVE YOU COMPLETED YEAR 12? (Yes or No)	WHAT YEAR DID YOU COMPLETE YEAR 12?
WHAT WAS YOUR <b>ATAR</b> OR EQUIVALENT?	WHAT STATE OR TERRITORY DID YOU COMPLETE YEAR 12?
WHAT WAS YOUR YEAR 12 ID NUMBER?	WHAT TYPE OF YEAR 12 DID YOU COMPLETE? (E.G. VCE)
WHAT SCHOOL DID YOU COMPLETE YEAR 12 AT? (PROVIDE SCHOOL NAME AND SUBURB)	

**POST SECONDARY STUDIES** – Provide details of your final year of study at secondary level. (Undergraduate applicants only.)

COURSE NAME (EG. BACHELOR OF ...)	COURSE CODE	INSTITUTION NAME	STATE/ COUNTRY	ENROLLED FULL OR PART TIME	YEARS ENROLLED EG. 99–03	COMPLETED (YES OR NO, IF NO %)	PREVIOUS STUDENT ID NUMBER	ARE DOCUMENTS ATTACHED?

## SECTION 6: CREDIT FOR PRIOR LEARNING

Are you applying for Credit for Prior Learning (CPL) for previous studies?  
If 'Yes' complete the following questions.

☐

YES

☐

NO

NAME OF PREVIOUS INSTITUTION

PREVIOUS COURSE

YEARS ENROLLED (EG. 2000–2002)

☐

COMPLETE

☐

INCOMPLETE

If specified credit is sought, please list Deakin unit codes and names

DEAKIN CODE	DEAKIN NAME	OTHER INSTITUTION CODE	OTHER INSTITUTION NAME

### THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING DOCUMENTATION

Certified copy of academic transcript

ATTACHED

☐

YES

☐

NO

Key to results

ATTACHED

☐

YES

☐

NO

Extract from previous institution handbook showing details of course structure and credit point weightings

ATTACHED

☐

YES

☐

NO

Extract from previous institution handbook for any units for which specified credit is sought, including assessment requirements and credit point weighting of units

ATTACHED

☐

YES

☐

NO

## SECTION 7: EMPLOYMENT HISTORY

Please attach a resume listing current employment and positions you have held which you consider relevant to the course for which you are applying.

## SECTION 8: PERSONAL STATEMENT

Provide a statement of no more than 500 words in support of your application. This statement should include information to demonstrate:

- your motivation and commitment to study
- your interest in working with people
- community involvement
- desire to pursue your career
- your interest in the Craigieburn area
- any other factors relevant to your application (please attach any personal character references you may have).

## SECTION 9: REFEREES

As part of the selection process, the University may consider confidential referee reports from professional associates or relevant employers. Referee reports from friends and family members will not be considered. For specific faculty requirements for referees, please go to [www.deakin.edu.au/future-students/applications-enrolments/applications/faculty-requirements](http://www.deakin.edu.au/future-students/applications-enrolments/applications/faculty-requirements).

## SECTION 10: MEMBERSHIP OF PROFESSIONAL ASSOCIATION (OPTIONAL)

Please attach certified documentary evidence.

## SECTION 11: DEAKIN ACCESS AND EQUITY PROGRAM (UNDERGRADUATE APPLICANTS ONLY)

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. Applicants from the designated groups listed below may apply for special consideration in admission through the Deakin Access and Equity Program. 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](http://www.deakin.edu.au/study-at-deakin/apply/apply-for-a-course-undergraduate/access-and-equity-program)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Mature-age entry                        | <input type="checkbox"/> Rural or isolated applicants              | <input type="checkbox"/> Difficult family circumstances          |
| <input type="checkbox"/> Non-English speaking background         | <input type="checkbox"/> Under represented schools                 | <input type="checkbox"/> Refugee                                 |
| <input type="checkbox"/> Disadvantages socio-economic background | <input type="checkbox"/> Disability or long term medical condition | <input type="checkbox"/> Recognition as an Indigenous Australian |

## SECTION 12: FINAL CHECKLIST

Use this checklist to ensure that you have completed ALL the steps necessary for your application. You may miss out if your application is incomplete.

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Tick if you have completed ALL relevant sections of this application form                      |
| <input type="checkbox"/> | Tick if you have included certified copies of original documents of ALL relevant documentation |
| <input type="checkbox"/> | Tick if you have signed the Declaration  |
| <input type="checkbox"/> | Tick if you have supplied details of referees (if applicable)                                  |
| <input type="checkbox"/> | Tick if you have provided a personal statement   |
| <input type="checkbox"/> | Tick if you have completed the DIISRTE statistics on the next page.                            |

## SECTION 13: ADDITIONAL INFORMATION REQUIRED

Your faculty may require further information from you for this application. Please go to [www.deakin.edu.au/future-students/applications-enrolments/applications/faculty-requirements](http://www.deakin.edu.au/future-students/applications-enrolments/applications/faculty-requirements) to ascertain whether you are required to lodge further information.

## SECTION 14: 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 DIICSRTE (Department of Industry, Innovation, Climate Change, Science, Research and Tertiary Education) as is necessary for allocation of a CHESSN (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

Deakin University's Privacy Statement can be found at [www.deakin.edu.au/web-disclaimer](http://www.deakin.edu.au/web-disclaimer)

Please return your completed application to:

Deakin Learning Hub  
Level 3, 237 Lonsdale Street  
Dandenong Victoria 3175  
For more information, telephone  
03 9246 8995  
Email: [mark.kennedy@deakin.edu.au](mailto:mark.kennedy@deakin.edu.au)

# STATISTICS

• Your enrolment cannot be completed if these statistics are not provided.

• These statistics are required by the Department of Industry, Innovation, Climate Change, Industry, Science, Research and Tertiary Education (DIICCSRTE) pursuant to Subdivision 19-70(1) of the Higher Education Support Act 2003. The statistics are collated and provided to DIISRTE 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 (VTE) award course  
☐ An incomplete TAFE (VTE) 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.

- |                                  |                                   |                                   |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Learning | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Vision  | <input type="checkbox"/> Medical  | <input type="checkbox"/> 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