

ADMISSION APPLICATION FORM

This form and any accompanying documents must be submitted to begin your application process. You should only need to complete this form if you have never previously studied with Health Education and Training Institute (HETI) Higher Education or if you are returning to study after graduating at a lower award, or moving between courses, or have previously been excluded. Please complete and submit at the same time with your Unit Enrolment Form and applications for advanced standing or scholarship (if applicable).

PERSONAL INFORMATION

Title:	Surname:	Student No.:
Given Names:		Preferred Given Name:
Previous Surname:	Date of Birth:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander		

COURSE APPLIED FOR

<input type="checkbox"/> Psychiatric Medicine	<input type="checkbox"/> Applied Mental Health Studies
Award Level (choose one): <input type="checkbox"/> Graduate Certificate <input type="checkbox"/> Masters <input type="checkbox"/> Graduate Diploma <input type="checkbox"/> Non Award	Award Level (choose one): <input type="checkbox"/> Graduate Certificate <input type="checkbox"/> Masters <input type="checkbox"/> Graduate Diploma <input type="checkbox"/> Non Award
Specialisation (choose one): <input type="checkbox"/> Psychiatry <input type="checkbox"/> General Practice <input type="checkbox"/> Rural & Remote Medicine <input type="checkbox"/> Other Medical Practitioner	Specialisation (choose one): <input type="checkbox"/> Perinatal & Infant <input type="checkbox"/> Child & Adolescent <input type="checkbox"/> Adult <input type="checkbox"/> Older Person

HOME ADDRESS & CONTACT DETAILS

Street Address:			
Suburb:	State:	Postcode:	Country:
Home Email:			
Home Phone:	Mobile Phone:	Preferred: <input type="checkbox"/> Home <input type="checkbox"/> Mobile	
Postal Address (if different from above):			

EMPLOYER ADDRESS

Employer/Organisation:		
Street Address or PO Box:		
Suburb:	State:	Postcode:
Work Email:		
Preferred Mail Address: <input type="checkbox"/> Home <input type="checkbox"/> Employer	Preferred Email: <input type="checkbox"/> Home <input type="checkbox"/> Employer	

EMERGENCY CONTACT

Name:	Phone No:
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CITIZEN / RESIDENCY INDICATOR

Please choose the option below that best reflects your circumstances at time of study:

- | | | |
|--|---|--|
| <input type="checkbox"/> Australian Citizen | <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> Temporary Entry Permit/Diplomat |
| <input type="checkbox"/> New Zealand Citizen | <input type="checkbox"/> Humanitarian or Other Visa | <input type="checkbox"/> Reside outside Australia |

ENGLISH LANGUAGE PROFICIENCY

Is English your first language or were your previous higher education studies completed in English? Yes No (If no, please continue below)

I have completed a proficiency in English test within the last two years (this requires documentary evidence, such as certified copies of results):

- A certificate of English proficiency (e.g. IELTS or other) is attached

Note: HETI accepts an IELTS overall band score of 7.0 or better AND no less than 6.0 in any band

PROFESSIONAL INFORMATION

Profession (tick one): Counsellor/Therapist Nurse Psychologist/Clinical Psychologist
 Occupational Therapist Social Worker Welfare Worker Medical Officer

Psychiatrist/Trainee Training Location:

General Practitioner RACGP QI & CPD Ref No:

Rural and Remote Specialist (Must be an ACRRM member/trainee or active involvement in rural remote practice)

Other (Please specify)

Years of experience in designated position 0-2 3-5 6-9 10+

Current Job Title:

Current work setting (tick one) Public Private Community CMO Voluntary Other

How did you find out about this course? Colleague HETI Brochure HETIE eFlyer Journal Ad Notices
 Website Work Other:

LEARNING NEEDS SUPPORT

If you require special assistance please provide a brief description. Additional documentation may be required.

QUALIFICATIONS

Please list your Academic Qualifications:

Postgraduate

Title of Degree	Institution	Year Conferred	Country

Undergraduate

Title of Degree	Institution	Year Conferred	Country

Please attach certified copies of transcripts to support your application for admission.

DECLARATION

I declare that all the information I have provided is true and correct. I understand giving false or misleading information may invalidate my application.

STUDENT ADMISSION APPLICATION CHECKLIST

Please use the checklist below to ensure you submit your admission form with all required documentation.

For ALL Students:

- Completed Admission Application Form
- Supporting transcripts - certified copies
- Photo ID (drivers licence or passport) - certified copy
- Advanced Standing application attached (if applicable)
- Support needs documentation (if applicable) - e.g. medical
- English language proficiency results (if applicable) - certified copy

Additionally for Psychiatric Medicine Students:

- Evidence of College/Trainee membership (or evidence of active involvement in rural remote practice)
- Medical registration certificate - certified copy
- Photograph attached (passport standard, electronic format accepted)
- Scholarship application attached (if applicable)

Save this form in your name and send together with supporting documentation to:

Email: applications@heti.edu.au Fax: 02 9840 3838

Post: HETI Higher Education, Locked Bag 7118, Parramatta BC NSW 2124