

Faculty of Education

Application Form - Professional Experience Program



Office Use Only - Session Details		
ID Number		Course Code
Academic Calendar	Process Category	Admission Calendar

COURSE DETAILS			
Course Code	Course Title	Campus	Commencing semester and year
3713	Professional Experience Program	Peninsula	Semester 2, 2005

Office Use Only - Basis for Admissions (see reference table ADMF0270 for the list of values)

PERSONAL DETAILS		
Title	Surname	Given Names
Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth / / (day/month/year/)	
Preferred email address for Monash correspondence ie. Student email (Monash), hotmail etc		
Have you previously applied and/or studied at Monash University?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state Monash ID Number (if known)		
Have you changed your name since you last applied/studied at Monash University?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide/attach relevant documentation.		
Are you a Monash staff member? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes please state you staff number		

POSTAL ADDRESS FOR CORRESPONDENCE		
Number & Street		Suburb
State	Country	Postcode
Phone (AH)	Phone (BH)	Mobile Number
Facsimile	Other Email Address	

HOME ADDRESS (If different to above)		
Number & Street		Suburb
State	Country	Postcode
Phone (AH)	Phone (BH)	Mobile Number
Facsimile	Other Email Address	

EMERGENCY CONTACT ADDRESS (If different to above)		
Emergency Contact Person		Relationship to applicant
Number & Street		Suburb/Town
State	Country	Postcode
Phone (AH)	Phone (BH)	Mobile Number
Facsimile	Other Email Address	

TERTIARY EDUCATION RECORD		
Degree/qualification		Field of study/Major/Specialisation
Institution/University		
State	Country	
Year commenced / /	Year completed / /	Years Enrolled
Did you complete? Yes <input type="checkbox"/> No <input type="checkbox"/>		

DECLARATION

I declare that the information supplied on this form and the information given in support of my application are correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application and/or academic transcript may result in the withdrawal of an offer of a place in the course. I acknowledge Monash University reserves the right to seek from other relevant bodies verification of the standing of my claimed qualifications. I agree to abide by the statutes and regulations of Monash University.

Applicant's Signature _____

Date / /

PLEASE RETURN APPLICATION TO:

Ms Carol Brown
 Faculty of Education
 Monash University
 Clayton Campus
 PO Box 6
 MONASH UNIVERSITY VIC 3800
 Phone: 61 3 9905 9798
 Fax: 61 3 9905 2621
 Email: carol.brown@education.monash.edu.au

STUDENT RESPONSIBILITIES

Please note that you will be responsible for your own:

- Travel arrangements
- Visa
- Accommodation/living expenses while in Australia
- Presentation of original "Police Check" documentation to Principal of host school (photocopies are not acceptable)

NB: This is an application form only and does not constitute enrolment for any course in the University or entitle an applicant to be classified as a student of the University. Enrolment will be complete on arrival.

The information on this form is collected for the primary purpose of assessing your application into the Professional Experience Program course conducted by the Faculty of Education. Other purposes of collection include creating an enrolment record on the student database, corresponding with you and statistical analyses. If you choose not to complete all the questions on this form, it may not be possible for the Faculty of Education to assess your application. Personal information may also be disclosed to the relevant bodies for verification of qualifications. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on 9905 6011.

Office Use Only Offer of Admission <input type="checkbox"/> Offer of Admission with Conditions <input type="checkbox"/> Offer Conditions- please state: _____ _____ _____ _____ Offer Authorized by: _____ Date / /	Rejection- No Offer <input type="checkbox"/> Reason for rejection – tick appropriate box Insufficient quota <input type="checkbox"/> Documentation unsatisfactory <input type="checkbox"/> Not qualified <input type="checkbox"/> Reconsideration requested <input type="checkbox"/> Rejection Authorised by: _____ Date / /
Details of Placement: School: _____ Principal: _____ Co-operating Teacher: _____ Level/Area: _____ Start Date: _____ End Date: _____	Police Check Requirements met?: _____