

Dear Prospective Student,

Thank you for considering the Bachelor of Emergency Health (Paramedic) at the Peninsula Campus of Monash University as a study preference for mid-year intake in 2008.

For all applicants admission offers will be decided on the basis of ENTER (if applicable), relevant post-secondary study, and responses to questions contained in this application form. Transcripts and other documents confirming results in post-secondary courses that you attach to this application must be legally certified copies.

Successful applicants must be eligible for admission to the second semester of the first year of this course in 2008. This requires evidence that previous studies will enable credit for all semester1/ year 1 units. Applicants who will not meet these conditions are advised to submit an application for admission to the course in 2009. This is done through VTAC (www.vtac.edu.au). Please note that VTAC applications are not required for the mid-year intake.

Please complete the application form and return all documents to the address below:

Administrative Officer
Monash University
Department of Community Emergency Health and Paramedic Practice
PO Box 527
FRANKSTON VIC 3199

This information must reach the University by the close of business on Friday 30 May 2008. If you need any further information you may contact us on enquiries.paramedics@med.monash.edu.au or on (03) 9904 4368.

Yours sincerely



Joanne Bigley
Course Administrator

Bachelor of Emergency Health (Paramedic)

APPLICATION FORM MID-YEAR INTAKE 2008

Instructions

- The purpose of this form is to assist in the ranking and selection of candidates for the Bachelor of Emergency Health (Paramedic) course for mid-year intake in 2008.
- You must attach legally **certified** copies of your VCE or equivalent and other post-secondary results to this application. People who can certify documents include: Justice of the Peace, Barrister, Solicitor, Police Officer, Minister of Religion, School Principal, Town Clerk, Shire Secretary, Bank Manager, Doctor, Dentist, Pharmacist, Veterinary Surgeon, Accountant.
- Please do NOT send original documents as they are not returned. If supporting documentation is not available at time of mailing, please enclose an explanatory note indicating an anticipated supply date. Do not include any folders or plastic binding material. All photocopies to be A4 size. No faxed material will be accepted.
- It is important that you complete all details and sign this form.
- Where your contact details change after the lodgement of this form it is your responsibility to notify the Department of Community Emergency Health and Paramedic Practice - Phone 9904 4327, email: enquiries.paramedics@med.monash.edu.au
- Applicants must return this form no later than 5.00 pm on Friday 30 May 2008.

Please return to: Department of Community Emergency Health and Paramedic Practice
Monash University
Peninsula Campus
PO Box 527
Frankston, Victoria, 3199

Personal Details

Title	Surname						
Given Names							
Sex	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Date of Birth	/	/
Preferred email address for Monash correspondence							
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)							

Postal Address (for correspondence)

Number & Street	
Suburb	State
Country	Postcode
Phone (AH)	Phone (BH)
Mobile Number	Facsimile

Post secondary education record (please provide a certified copy of academic transcripts/results)

1. Course				
Institution				
State		Country		
Year Commenced	/ /	Year Completed	/ /	Years enrolled
Did you complete this qualification? Yes <input type="checkbox"/> No <input type="checkbox"/>				

2. Course				
Institution				
State		Country		
Year Commenced	/ /	Year Completed	/ /	Years enrolled
Did you complete this qualification? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Please attach VCE or equivalent results.

TO BE COMPLETED BY ALL APPLICANTS

Please answer the following questions on separate sheets of paper (a maximum of 200 words each) and attach securely to this form.

1. Summarise your reasons for selecting this course of study. Your answer must demonstrate an understanding of the nature of the discipline and provide clear examples of factors that have influenced your choice of study.
2. What activities (paid employment or voluntary) have you undertaken, in addition to your studies, that provide evidence of your motivation to study this course? Attach references if appropriate.
3. Paramedics need to be able to work as a member of a team as well as take professional responsibility for the patient under their care. Please provide examples of activities that you have undertaken that demonstrate teamwork and leadership.
4. List any other information that you believe is relevant to your application, and include relevant references. Please provide original or certified copies of documentation to support your statement.

I declare that the information supplied on this form and the information given in support of my application is 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.

The primary purpose for which the information is collected is to record the details of your application and for selection into the Bachelor of Emergency Health (Paramedic). If you choose not to answer all the questions on this form, it may not be possible to assess your application. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. The University's statement on privacy is available at: www.privacy.monash.edu.au. Should you wish to seek access to your personal information or enquire about the handling of your personal information, please contact the University Privacy Officer on 9905 6011.

Applicant's Signature:

Date / /

Please tick one of the following:

- I require notification that this application has been received (*you must enclose a self-addressed stamped envelope*)
- I do not require notification that this application has been received