

## Bachelor of Nutrition and Dietetics Honours

### 2009 application form

#### Instructions

- It is important that you complete all details and sign this form.
- You must have already completed an accredited nutrition and dietetics degree.
- The information on this form will be used to assess applications in conjunction with academic results and an interview if short listed.
- Please attach a **CERTIFIED** copy of your results to date.
- Where results become available after the lodgement of this form, applicants are required to immediately provide these results to the Nutrition and Dietetics Department.
- Please make sure that you attach securely any documentation, such as certified results, or extra pages, where you have used separate sheets to answer questions, to this form.
- Where contact details change after the lodgement of this form it is the applicant's responsibility to notify the Nutrition and Dietetics Department.
- Enquiries: Phone 9594 5510, email [nutrition.dietetics@med.monash.edu.au](mailto:nutrition.dietetics@med.monash.edu.au)
- Please return this form by **28 November 2008** to:  
The Department of Nutrition and Dietetics  
Level 5 Block E, MMC  
246 Clayton Rd  
Clayton, Victoria, 3168

#### Personal Details

Title	Surname								
Given Names									
Sex	M .	F .	Date of Birth					/	/
Preferred email address for correspondence regarding this application									
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 . No . If yes, please state your staff number:									

#### Postal Address (for correspondence)

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

**Residency Status**

Are you

An Australian citizen A permanent resident of Australia A New Zealand citizen An International applicant **Tertiary Education Record (please provide certified copy of transcripts/results)**

<b>1. Degree/qualification</b>	Field of study/Major/Specialisation	
Institution		
State	Country	
Year Commenced / /	Year Completed / /	Years enrolled
Did you complete this qualification? Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>2. Degree/qualification</b>	Field of study/Major/Specialisation	
Institution		
State	Country	
Year Commenced / /	Year Completed / /	Years enrolled
Did you complete this qualification? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**To be completed by all applicants**

Please provide the following information on a separate sheet(s) of paper and attach securely to this form.

1. List your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> preferences for the project you wish to undertake during your honours year as outlined on the following pages.
2. Provide a written statement (less than 1 page) outlining why you want to undertake the BND honours degree
3. You may provide any other information that you believe is relevant to your application.

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. I authorize Monash University to obtain official student records from any educational institution to make an informed decision about the application. I agree to abide by the statutes and regulations of Monash University.

The primary purpose for which the information is collected is to provide details to support your application for selection into the Bachelor of Nutrition and Dietetics Honours program. If you choose not to answer all the questions on this form, it may not be possible for the Nutrition and Dietetics Department 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](http://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 / / 2008

**Section 2: Project selection (to be completed by applicant and potential supervisor)**

The purpose of this form is for you to indicate the projects of your choice. Apart from nominating a preferred project, you should also indicate alternative projects. This will ensure that if you miss out on your preferred project you will have one or two alternatives to pursue. The nominated supervisor(s) makes the decision as to who is selected for a particular project. It is possible that you may miss out on your first (or second) choice even though you have met the eligibility criteria.

**Project of First Choice (Compulsory)**

Project Title \_\_\_\_\_  
\_\_\_\_\_

Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

*Supervisor to complete*

(1) I have discussed this project with the student and,  
(a) I have agreed to supervise the student on this project

OR

(b) I have advised the student that I will consider him/her for this project   
and will confirm my final decision by (*insert date*) \_\_\_\_\_

(2) Have the appropriate ethics approvals been granted or applied for? Yes  No

(3) Do you anticipate being absent for any periods in excess of  
2 weeks during the 2009 academic year? Yes  No

If yes please advice time and duration of absence: \_\_\_\_\_

(4) How many honours students have you supervised? \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Honours Co-ordinator of Department/Centre/Institution to complete*

I fully support this application and I am satisfied that appropriate resource/s, permit/s and supervision is/are available in this Department for successful completion of the above named project

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Section 2: Project selection (to be completed by applicant and potential supervisor)**

**Project of Second Choice (Compulsory)**

Project Title \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

*Supervisor to complete*

(1) I have discussed this project with the student and,  
(a) I have agreed to supervise the student on this project

OR

(b) I have advised the student that I will consider him/her for this project   
and will confirm my final decision by (*insert date*)\_\_\_\_\_

(2) Have the appropriate ethics approvals been granted or applied for? Yes  No

(3) Do you anticipate being absent for any periods in excess of  
2 weeks during the 2009 academic year? Yes  No

If yes please advice time and duration of absence: \_\_\_\_\_

(4) How many honours students have you supervised? \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Honours Co-ordinator of Department/Centre/Institution to complete*

I fully support this application and I am satisfied that appropriate resource/s, permit/s and supervision is/are available in this Department for successful completion of the above named project

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Section 2: Project selection (to be completed by applicant and potential supervisor)**

**Project of Third Choice (Compulsory)**

Project Title \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

*Supervisor to complete*

(1) I have discussed this project with the student and,  
(a) I have agreed to supervise the student on this project

OR

(b) I have advised the student that I will consider him/her for this project   
and will confirm my final decision by (*insert date*)\_\_\_\_\_

(2) Have the appropriate ethics approvals been granted or applied for? Yes  No

(3) Do you anticipate being absent for any periods in excess of  
2 weeks during the 2009 academic year? Yes  No

If yes please advice time and duration of absence: \_\_\_\_\_

(4) How many honours students have you supervised? \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Honours Co-ordinator of Department/Centre/Institution to complete*

I fully support this application and I am satisfied that appropriate resource/s, permit/s and supervision is/are available in this Department for successful completion of the above named project

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_