

Application for admission 2007 – Form B

Master of Rural Health

This information will be stored securely to ensure your confidentiality.

Name

Are you Aboriginal	Are you Torres Strait Islander
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Status

Full-time Part-time Casual employment Not working

Workplace Location

Rural Metropolitan

Academic Qualifications achieved

Bachelor Bachelor with Honours Graduate Certificate Graduate Diploma
 Masters (coursework) Masters (research) PhD

Current Profession

Medicine Nursing Allied Health Dentistry
 Pharmacy Administration Policy
 Other (please specify):

How did you find out about this course?

Newspaper Radio Professional Journal Internet Search
 Colleague referral University referral
 Other (please specify):

What is your particular area of interest in Rural Health?

Please return to:
Postgraduate Coursework Degrees Coordinator
School of Rural Health
PO Box 973
MOE, Vic 3825, Australia
Telephone +61 3 5128 1000 Facsimile +61 3 5128 1080

www.med.monash.edu.au/srh
ABN 12 377 614 012
CRICOS provider number 00008C

OFFICE USE ONLY
Application Form Part A Received: Y N
Date Received: