

Expression of Interest

Master of Rural Health

Thank you for your enquiry. Please fill in the following questionnaire. This information will be stored securely to ensure your confidentiality.

Name

Preferred Postal Address

City

State

Country

Post Code

Preferred Phone Number

Are you Aboriginal

Yes No

Are you Torres Strait Islander

Yes 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?