



THE UNIVERSITY OF  
MELBOURNE

## Faculty of Veterinary Science

### Application for Candidature for Postgraduate Certificate in Avian Health and Master of Avian Health & Medicine

#### A: PERSONAL DETAILS

Title:  Family Name:

Given Name:  Date Of Birth:

Address:

Post Code:

(Please inform the Faculty Office if your address changes)

Telephone: Day:  After Hours:

Fax No:  E-Mail:

Have you previously been an enrolled student at this University? YES / NO

If yes, please give student enrolment number:

Country of Citizenship?  Visa Status:

Degrees or Diplomas: (Please give dates and institutions and attach original or certified copies of all of your transcripts.)

<i>Degree/Diploma</i>	<i>Institution</i>	<i>Completion Date</i>

Please provide a copy of your curriculum vitae

**B: DETAILS OF CANDIDATURE**

**NB: Single subjects may be undertaken on a non-degree basis**

**Course of Study (please circle)**

Postgraduate Certificate (Unit 1 & Unit 2)  
Unit 3 only  
Unit 5 only

Master of Avian Health and Medicine (Unit 3- Unit 6)  
Unit 4 only  
Unit 6 only

**Proposed date of commencement of course:**

**Semester 1 (March)**

**Semester 2 (September)**

**EMPLOYMENT:**

**Name of employer:**

**Address:**

**Position held:**

**Brief outline of duties:**

**C: DETAILS OF COMPUTER-BASED SKILLS AND RESOURCES**

		Yes	No
<b>SKILL LEVEL:</b>			
<b>I am competent in the use of:</b>	<b>Microsoft Word</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Email communications</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Conducting searches on the internet</b>	<input type="checkbox"/>	<input type="checkbox"/>

**COMPUTER RESOURCES:**  
**Do you have regular access to a recent (<5 Y.O.) computer with Internet access?**

**Please state the type and speed of internet connection you have:**

**D: DECLARATION**

**I DECLARE** that the information I have submitted with this application is a true and complete record of all academic results I have achieved at each and every university and tertiary educational institution which I have attended and I hereby AUTHORISE the University of Melbourne to make inquiries of, and to obtain official records from, any university and tertiary educational institution concerning my current or previous attendance which, in its absolute discretion, it believes are necessary to be made or obtained.

I understand that the University of Melbourne may disclose the personal information I have given in this application form to the Department of Education, Science and Training (DEST) and that DEST will collect and store my personal information in the Higher Education Information Management System.

**I ACKNOWLEDGE** that my failure to disclose my true and complete tertiary academic record, the provision of incorrect information or the withholding of relevant information, may result in my being excluded from the University.

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

**E: TO BE COMPLETED BY COURSE COORDINATOR**

Can the candidate be expected to complete this program successfully?


Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Course Coordinator

**F: TO BE COMPLETED BY HEAD OF DEPARTMENT**

Are all appropriate facilities (including source material) available within the University for the conduct of this candidature? YES/NO

If all appropriate facilities (including required source material) are not available within the university, where are they available and what arrangements have been made for accessing them?


Is the applicant likely to be able to pursue the proposed course of study successfully? YES/NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Head of Department

**OFFICE USE**

**Candidature Approved**

**Signature:** \_\_\_\_\_  
**Chairman VR &GSC**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
**Dean on behalf of Faculty**

**Date:** \_\_\_\_\_

**PGCAH - MAHM Application Form**