



THE UNIVERSITY OF
MELBOURNE

Faculty of Medicine, Dentistry & Health Sciences
Melbourne School of Population Health

APPLICATION FOR CONSIDERATION FOR A COMMONWEALTH SUPPORTED PLACE (CSP)

(Australian & New Zealand Citizens and Permanent Residents)

How to Apply:

1. All prospective and current students (who wish to be considered for the first time for a CSP Place in the **PGDip or Master of Health Social Science or the Master of Public Health** must complete ALL sections of this form.
2. Prospective students will be notified of the outcome in their Letter of Offer.
3. Current students will be notified by email.
4. Applications will only be considered if all relevant documents are attached, all sections have been completed and relevant questions answered in full.
5. **CLOSING DATE:** Available from <http://www.sph.unimelb.edu.au/future/howto/lacp>

Title: _____ Surname: _____ Given Name(s) _____

Phone: _____ (Home) _____ (Work) _____ (Mobile)

Email Address: _____

Course: (please indicate) PGDip Health Social Science Master of Health Social Science Master of Public Health

Section 1:

Please select one of the following options:

- Yes I wish to be considered for a Commonwealth Supported Place (CSP)
- I am currently a Full-Fee paying student, and
- have not been previously considered for a CSP place
 - and would like to be considered for a CSP place in _____ (Year)

Please state your student/application number:

Section 2:

Please provide (if applicable) a resume & statement outlining detailed descriptions of all work experience.

Please select ONE of the following options:

- I am a prospective student and have already provided/attached a resume & statement as part of my application
- I am a current student and have attached an updated resume and/or statement of my employment /experience history.
- I am a current student. My employment/experience has not changed since I applied for entry to this Course.

Section 3:

I declare that, to the best of my knowledge, the information supplied in this application is correct and complete. I acknowledge that all documentation supplied with this application will remain the property of the University of Melbourne.

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 Management System.

Name of Applicant (Please Print): _____

Signature: _____ Date: _____

Please sign and date this form and submit together with your Application for Admission (if applicable) to: **The Selection Officer, Academic Programs Office, Melbourne School of Population Health, University of Melbourne, Vic, 3010**
or by Fax on 61 3 8344 0824. The University's Privacy Policy can be viewed at:
<http://www.unimelb.edu.au/unisec/privacy/studentinfo.html>.