

**Application for Admission to Candidature for Postgraduate Professional
Award in Clinical Psychology**

2009

Master of Psychology (Clinical)

Note. Admission to the Doctor of Philosophy (Clinical Psychology) is only available after completing the 1st year of the MPsych(Clin)

Please ensure that you have read the webpage describing the Postgraduate Clinical Psychology Program before completing this application form.

www.une.edu.au/psychology/programs/psycpostgradclinical.php

PLEASE TYPE OR WORD PROCESS IF POSSIBLE OR PRINT WITH BLOCK LETTERS

TITLE (eg. Mr/s)	FAMILY NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	OCCUPATION	Are you an Indigenous Australian?	Yes No
POSTAL ADDRESS	HOME ADDRESS		
CITY postcode	STATE COUNTRY	CITY postcode	STATE COUNTRY
HOME PHONE NO. (area code) EMAIL	DAY TIME PHONE NO. (area code) EMAIL MOBILE		
COUNTRY OF CITIZENSHIP:	If you are not an Australian or New Zealand citizen, have you been granted permanent resident status in Australia? YES <input type="checkbox"/> NO <input type="checkbox"/>		

WHERE DID YOU FIND OUT ABOUT THIS PROGRAM?		
Source:		Please provide details:
Advertisement		
Internet		
Other		

ACADEMIC BACKGROUND		
QUALIFICATION(S)	INSTITUTION	YEAR CONFERRED

Please note that you may not enrol simultaneously in the postgraduate clinical psychology program and any other course without the prior permission of the Head of the School of Behavioural, Cognitive and Social Sciences.

On what basis do you propose to study?

Full-time

Part-time*

*Applicants are advised that part-time study is not recommended for the first year of the postgraduate clinical psychology program.

Have you previously applied for admission to candidature for a degree/diploma at this University?

Yes

No

If Yes, indicate degree/diploma: _____

Have you previously been or are you currently enrolled at this University?

Yes

No

If Yes, please provide your UNE student number: _____

Please describe what led to your interest in the UNE Postgraduate Clinical Psychology Program.

Please briefly describe the findings of a research project (e.g., Hons or Grad Dip) that you have completed, and indicate whether this was an individual or group research project.

Please briefly describe any relevant paid or voluntary work experience that you have completed.

Please provide any other information that you would like the Selection Committee to consider.

CURRICULUM VITAE

When submitting this application form you **MUST** include a copy of your curriculum vitae.

ACADEMIC RECORD

When submitting this application form, you must also submit official or certified copies of your academic transcripts. Please note that even if your present degree is incomplete, your university can supply a record of your studies to date. If you have completed your degree outside Australia you must provide evidence that your qualifications have been assessed for equivalence by the Australian Psychological Society (<http://www.psychology.org.au/membership/qualifications/>)

REFEREES

You must ask **two** referees to complete Confidential Referees Reports on the prescribed forms and send them to arrive by the closing date for applications. **Please note that it is your responsibility to ensure that referees reports arrive in time to be considered by the Selection Committee.** At least one referee **must** be an academic. Please list below the individuals who have agreed to complete referees reports.

1.	Name:	
	Address:	
	Telephone:	
	Fax:	
	Email:	

2.	Name:	
	Address:	
	Telephone:	
	Fax:	
	Email:	

SUMMARY OF APPLICATION PROCESS

You need to submit:

Check list:

- Application Form**
- Curriculum Vitae**
- Academic Transcripts**

and you need to organise for **TWO** referees to forward completed

- Confidential Referees Reports**

DECLARATION

I hereby declare that the information given on this form is to the best of my knowledge correct and complete in every particular. Furthermore, if admitted to the University of New England, I hereby undertake to comply with the University of New England Act 1993, and with the by-laws and rules of the University. I understand that the University may have need to verify the accuracy of information I have supplied and that it may exchange data with other institutions for this purpose. I further understand that the University deals with regulatory bodies and also includes a number of constituent and affiliated bodies any of which may be granted access to all or part of this information to assist students in their work at the University.

I understand that I will be required to undergo a Criminal Record Check and obtain a Letter of Clearance before commencing any placements.

Signature of applicant..... Date.....

PLEASE RETURN THE COMPLETED FORM, C.V. AND TRANSCRIPTS TO:

**STUDENT CENTRE
THE UNIVERSITY OF NEW ENGLAND
ARMIDALE NSW 2351**

BY 31 OCTOBER, 2008

OFFICE USE ONLY

Documentary evidence sighted <input type="checkbox"/>	Date:.....	Signature of Administrative Officer:.....
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