



If you are using an Apple computer, tablet or smart phone, you must download and complete this form using Adobe Reader.

### APPLICANT TO COMPLETE:

Applicant Name:	
Address:	
Email:	
Phone Number:	

Please indicate the program/s you are applying for by ticking the appropriate box. Please indicate the order of preference in the lines provided (e.g. First, Second etc.). This page should be photocopied and attached to each course application (if you are applying for more than one course).

**Doctor of Philosophy (Clinical Psychology)**  
Preference: \_\_\_\_\_

**Doctor of Philosophy (Counselling Psychology)**  
Preference: \_\_\_\_\_

**Master of Psychology**  
(Clinical Psychology major) Preference: \_\_\_\_\_  
(Counselling Psychology major) Preference: \_\_\_\_\_

**Master of Psychology (Professional)**  
Please note if you wish to be considered for this course you **must** submit a separate application under course code **M-PSYCHP**  
Preference: \_\_\_\_\_

Study mode

Full time

Part Time

Qualification Summary			
Qualification(s)	University	Date Completed	GPA/CWA

Relevant work experience incl. volunteer positions	
Organisation	Amount of time

Professional development (workshops, training, etc.)		
Programme	Provider	Date Completed

### Personal Statement

Please provide a statement of no more than 350 words indicating your professional goals and your current research interests.