

## Application Form 2010



## Graduate Certificate in Diabetes Education and Health Care

ABN: 265 4088 1341

[ ] Intake commencing **1 March 2010**

(Applications close 30 October 2009)

[ ] Intake commencing **12 July 2010**

(Applications close 16 April 2010)

*Late applications considered if course positions remain available*

Please attach the following to your application:

- (tick) **A brief C.V.** (Including professional/work/employment experience and professional memberships)
- (tick) **Details of education completed** (relevant to this course *including transcript of results*)
- (tick) **Brief personal statement of reasons for wishing to undertake this course** (no more than 500 words)
- (tick) **Copy of current professional practice certificate** (ie Nurses board of Victoria, Dietitians Association, Podiatry Association)

Please forward completed application form to:

**Student Services Officer  
Mayfield Education  
2-10 Camberwell Road  
Hawthorn East, Victoria, 3123**

### Applicant Details *Please answer all questions*

Last Name (Family Name) \_\_\_\_\_

Given Names \_\_\_\_\_ Male  Female  (please tick)

Postal Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Residential Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Tel. (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Name of employing organisation \_\_\_\_\_

Work address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Current position \_\_\_\_\_ Date commenced \_\_\_\_\_

Highest Educational standard/qualifications relevant to this course \_\_\_\_\_

Do you have a disability, impairment or long-term medical condition which may affect your studies?

If yes, please indicate \_\_\_\_\_

#### Fee Payment: Fee \$5,765

Fee is being paid by  Self  Employer  Other (please tick)

*The course fee is payable within 10 days of a position on the course. You will be notified after the application closing date.*

I declare that to the best of my knowledge the information supplied in this application and the documentation supporting it are correct and complete

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

#### How did you find out about this course?

Mayfield Courses Book  Friend  Work Colleague  Mailout

Advertisement (Please specify ie newspaper/journal/radio) \_\_\_\_\_

Mayfield Website  Other \_\_\_\_\_

I am a past student of Mayfield