



**Graduate Certificate in
Diabetes Education and Health Care
(V12396)**

ABN: 265 4088 1341

[] Intake commencing 5 March 2012

[] Intake commencing 23 July 2012

*(Applications close 3 weeks prior to course commencement)
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 Nursing, Dietitians Association, Podiatry Association)

Please forward completed application form to:
Student Services Officer
Mayfield Education
2-10 Camberwell Road
Hawthorn East, Victoria, 3123

Use this check list to ensure that you have completed Parts 1-2

Part 1

 (tick)

Part 2

 (tick)**PART 1****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 _____

How did you first hear about this course?

Mayfield Website Friend Work Colleague Mailout

Advertisement (Please specify ie newspaper/journal/radio) _____

I am a past student of Mayfield Other _____

continued...

PART 2

Applicant's statement of reasons for wishing to undertake the course *(in own handwriting)*

Which of the following categories best describes your main reasons for undertaking this study? (Please tick)

- To get a job To develop my existing business To start my own business
- To try for a different career To get a better job or promotion
- It was a requirement of my job I wanted extra skills for my job
- To get into another course of study For personal interest or self development

Other reasons

I verify that the information I have provided in this Application form is true and accurate.

Applicant's signature _____ Date _____

Fee Payment.

Course Fee \$6,990 per person

Fee is being paid by: Self Employer

Payment Method: Credit Card Cheque/Money Order EFT (details below)
 Purchase Order PO Number _____

*(Payment or Purchase Order Number must be received before application can be processed)
(Cheque/money order made payable to Mayfield Education Inc)*

EFT Details: Mayfield Education
 BSB:063 -143 Account: 1005-0419
(Please list applicant name in detail area)

Credit Card Details: *(1.5% surcharge applicable to all credit card payments)*

Charge to VISA Mastercard

Cardholders Name _____ Card Expires _____

Card Number _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/

Authorised Signature _____ Date _____