

MASTER OF SURGICAL SCIENCE

Application for Admission

Faculty of Health Sciences
Discipline of Surgery

SECTION 1 – PERSONAL DATA

Student ID: (If previously enrolled at the University of Adelaide)		Title: (Mr, Ms, Dr)		Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Family Name:				Other Names:		
Previous Name: (If applicable)				Date of Birth: (dd/mm/yyyy)	---- / ---- / ----	
Home Address:				State/Country:	Postcode:	
	Suburb/Town:					
Mailing Address:				State/Country:	Postcode:	
	Suburb/Town:					
Email Address:						
Telephone	Home: ()	Work: ()	Mobile:			

SECTION 2 – STATISTICAL INFORMATION

The information you provide below is required by the Commonwealth Government. The University undertakes to provide the information to the Commonwealth Government as statistical data only and will not provide information that identifies individual students

1. Citizenship and residence status (tick only one box)	
Australian Citizen	<input type="checkbox"/>
New Zealand Citizen	<input type="checkbox"/>
Permanent Resident of Australia (but not an Australian citizen)	<input type="checkbox"/>
Holder of an Australian permanent humanitarian visa	<input type="checkbox"/>
Temporary entry permit/visa or you are a diplomat or dependent of a diplomat (except New Zealand) and reside in Australia during the Semester	<input type="checkbox"/>
What Australian Visa will you be studying on? (Please attached a certified copy of the visa from your passport)	-----
Country of birth (if not Australia) _____	Year of entry to Australia _____ (Please supply documentary evidence)
2. Are you of Aboriginal or Torres Strait Islander origin yes <input type="checkbox"/> no <input type="checkbox"/>	
If yes, please select one of the following:	
Aboriginal	<input type="checkbox"/>
Torres Strait Islander	<input type="checkbox"/>
Aboriginal and Torres Strait Islander	<input type="checkbox"/>

SECTION 3 – START DATE

Are you commencing the academic program in

March

20

SECTION 4 – ACADEMIC QUALIFICATIONS

Applicants should:

- have completed a Bachelor of Medicine, Bachelor of Surgery (MBBS), or equivalent
- have a clinical position which will allow them to attend weekly tutorials in Adelaide

Please provide details and documentation of all completed and/or current studies. Attach:

1. A copy of your current CV
2. Certified copies of all award certificates
3. If documents are not in English, they must be accompanied by an official translation in English

A certified copy of an original document is one which has been certified by an official agent or a staff member of this University, a Justice of the Peace, a Notary Public, a university registrar, a police officer, or an examining authority, as a true copy of the original document.

Tertiary / Post Secondary Studies						
Qualifications	Institution	Country	Completed? (Yes or No)	Year of Completion	Years of Study (e.g. 2001- 2004)	Certified documents attached
Professional Qualifications						
Qualification/ Membership	Institution	Country	Year qualified/ awarded	Certified documents attached		

SECTION 5 – PROFESSIONAL/EMPLOYMENT EXPERIENCE

(please list your present or the most recent employment first)

Position	Employer	Country	Years of service (e.g.2001-2004)

SECTION 6 – INFORMED CONSENT

I certify that to the best of my knowledge all documentation and information submitted or made available by me in connection with this application is true, accurate and complete. I acknowledge that the provision of inaccurate or incomplete information may result in the withdrawal of any offer of enrolment or the cancellation of any enrolment allowed on the basis of acceptance of that offer. I consent to the collection, storage and disclosure of information relating to record falsification or other irregular acts in accordance with Australian Vice-Chancellors' Committee procedures. If sponsored I authorise the University of Adelaide to release details of my academic progress to my sponsoring body upon request.

I understand that:

- The University of Adelaide is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me;
- The University of Adelaide will disclose this information to the Department of Education, Science and Training (DEST) for those purposes;
- DEST will store the information securely in the Higher Education Information Management System;
- DEST may disclose the information to the Tax Office
- The University of Adelaide will not otherwise disclose the information without my consent unless required or authorised by law or to reduce the threat to the life or safety of any person, as outlined in the University's Privacy Policy; and
- I agree to notify DIAC of any change which may result in changes to my visa

Signature: _____ Date: _____

SECTION 7 – Checklist

Make sure you have attached:

- A completed copy of the Application Questionnaire
- Proof of your status as a permanent resident or a holder of an appropriate visa (if required).
- A copy of your current CV
- Certified copies of any professional qualifications/memberships
- Proof of name changes if your qualifications were awarded in a different name
- Certified English language translations of your qualifications if these are not in English

Submit your completed application to:

A/Prof George Kiroff
C/O Paula Vanderzon
Discipline of Surgery
School of Medicine
The Queen Elizabeth Hospital
Woodville
South Australia 5011

Phone: (08) 8222 8013
Fax: (08) 8222 6028

Email: paula.vanderzon@adelaide.edu.au