

APPLICATION FORM

APHN Diploma/Graduate Certificate in Health (Palliative Care)

Please insert
photograph

INSTRUCTIONS

1. Please complete all sections of the application form. For areas not applicable, please indicate "NA".
2. Please attach supporting documents (e.g. academic certificates, transcripts, testimonials, etc.) for items listed in SECTION B & C of this form. Supporting documents must be certified as true copies by authorized personnel.
3. Candidates applying for the Course must submit completed application forms and supporting documents to the APHN Secretariat by **31 October 2008** via fax at +65 62207490 or by sending scanned documents by email to aphn@nccs.com.sg
4. The original forms must be posted to "APHN Secretariat, c/o Department of Palliative Medicine, National Cancer Centre, 11 Hospital Drive, Singapore 169610."
5. Candidates applying for the **Lien Foundation-APHN Palliative Care Fellowships or the Lien Foundation-SHC Palliative Care Medical Scholarships and Nursing Scholarships** must submit their application forms and supporting documents to the APHN Secretariat by **31 August 2008**.
6. It may be necessary to contact applicants by post, email or telephone so it is important that all details are completed.

Candidates applying for the Fellowships, Scholarships or APHN Bursaries, please tick (✓) accordingly:

- Lien Foundation-SHC Palliative Care Medical Scholarship
- Lien Foundation-SHC Palliative Care Nursing Scholarship
- Lien Foundation-APHN Palliative Care Fellowship
- APHN Bursary

Have you previously applied to Flinders University? No Yes

If yes, please indicate your student number:

SECTION A:		PERSONAL PARTICULARS			
FAMILY NAME			TITLE		
			Dr / Prof / Mr / Mrs / Mdm / Ms		
GIVEN NAME					
NAME AS APPEARS ON YOUR PASSPORT (<i>in English</i>)					
RESIDENTIAL ADDRESS					
COUNTRY				POST CODE	
NRIC / PASSPORT NUMBER		CITIZENSHIP / NATIONALITY		MARITAL STATUS	
				Single / Married / Other	
DATE OF BIRTH		COUNTRY OF BIRTH	RACE		GENDER
					Male / Female
MOBILE NUMBER		OFFICE NUMBER		FAX NUMBER	HOME NUMBER
EMAIL					

Do you have a disability that requires special consideration?	Yes / No
If Yes, please state	

NAME OF CURRENT EMPLOYER		
REGISTERED ADDRESS OF EMPLOYER		
CONTACT PERSON		DESIGNATION
OFFICE NUMBER	FAX NUMBER	EMAIL

SECTION B:	ACADEMIC QUALIFICATIONS
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Please provide details of all university or other post-secondary courses you have **completed**. (Attach additional sheets if necessary)

COURSE TITLE	NAME OF INSTITUTION	LANGUAGE OF INSTRUCTION	COURSE LENGTH	YEAR COMPLETED

Please provide details of all university or other post-secondary courses you have **commenced but not completed**. Do not include the current course for which you are applying. (Attach additional sheets if necessary)

COURSE TITLE	NAME OF INSTITUTION	LANGUAGE OF INSTRUCTION	COURSE LENGTH	YEAR COMPLETED

How many years have you been enrolled?	<input type="text"/>
Do you expect to complete this course?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, in what year do you expect to complete this course?	<input type="text"/>

SECTION C:		ENGLISH LANGUAGE PROFICIENCY			
All international students must demonstrate an acceptable level of English language proficiency to gain admission to the University. Please indicate below your current proficiency in English. For further information, please consult the course guides or the internet at http://www.flinders.edu.au/international-students/study/entry--and-english-requirements/english-language-requirements.cfm					
First language is English: Yes / No*			*If 'No', what is your first language:		
Are you currently waiting for results of an English test? Yes / No			Other language(s):		
If no, please complete the rest of this section by providing details of the relevant English test you have taken.					
IELTS <i>International English Language Testing System</i>					
OVERALL SCORE	LISTENING	READING	WRITING	SPEAKING	DATE TEST TAKEN
TOEFL (PBT) <i>Test of English as a Foreign Language (Paper-based test)</i>					
OVERALL SCORE	LISTENING	READING	WRITING	SPEAKING	DATE TEST TAKEN
TOEFL (iBT) <i>Test of English as a Foreign Language (Internet-based test)</i>					
OVERALL SCORE	LISTENING	READING	WRITING	SPEAKING	DATE TEST TAKEN
GCE Ordinary Level English		Completion of an Australian Year 12 program			
GRADE	YEAR COMPLETED	NAME OF PROGRAM			YEAR COMPLETED
Previous University studies undertaken in English (Attach additional sheets if necessary)					
NAME OF PROGRAM					YEAR COMPLETED

SECTION D:		OBJECTIVES FOR ATTENDING THE COURSE
Please explain the relevance of this course for you or for your organisation.		

SECTION E:		EMPLOYMENT HISTORY		
Please list only the work history that is relevant to the course for which you have applied. (Attach additional sheets if necessary)				
EMPLOYER	DESIGNATION/DEPT	DATE (DD/MM/YYYY)		MAIN DUTIES
		FROM	TO	

SECTION F:		REFERENCES		
FULL NAME OF 1ST REFEREE				TITLE
				Dr / Prof / Mr / Mrs / Mdm / Ms
ADDRESS				
OCCUPATION		RELATIONSHIP		YEARS KNOWN
MOBILE NUMBER		OFFICE NUMBER		EMAIL
FULL NAME OF 2ND REFEREE				TITLE
				Dr / Prof / Mr / Mrs / Mdm / Ms
ADDRESS				
OCCUPATION		RELATIONSHIP		YEARS KNOWN
MOBILE NUMBER		OFFICE NUMBER		EMAIL

For Applicants of SHC-Lien Foundation Palliative Care Fellowship or Scholarship ONLY

SECTION G:

STATEMENT FROM SPONSORING ORGANISATION

This section is to be completed by the Singapore palliative care service provider that will be the sponsoring organisation for the candidate who is applying for the SHC-Lien Foundation Palliative Care Fellowship or Scholarship.

Please state reasons for your sponsorship of this candidate.

Name of Sponsor Organisation
(Stamp if applicable)

Date: _____

Signature of Divisional Manager / Head of Organisation

Name: _____

Designation: _____

SECTION H:	CONDITIONS RELATING TO INTERNATIONAL STUDENTS
<p>International students accepted for admission to the university will be subject to the same regulations, teaching methods, forms of assessment and rules of academic progress as other students enrolled in the same course.</p> <p>Flinders University's policy states that offers of admission are made on the basis that the applicant is applying as an international student.</p> <p>Therefore:</p> <p>(a) The offer becomes invalid when an applicant obtains Australian Permanent Residency prior to commencement of the course. The applicant must re-apply as an Australian Permanent Resident and is then subject to conditions applying to Australian students;</p> <p>(b) Any refund of tuition fees paid is made in accordance with the University's Policy on Payment and Refund of Tuition Fees. An international Student's failure to comply with the University's policy on the payment of tuition fees will lead to cancellation of the enrolment and may result in action being taken by the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA).</p> <p>Flinders University Policy relating to International Students can be found at http://www.flinders.edu.au/ppmanual/student/SecG.htm</p>	

SECTION I:	DECLARATION
<p>I agree:</p> <ul style="list-style-type: none"> To comply with the rules on admission and enrolment of Flinders University; To inform the International Office immediately if there is any change to the information I have given in this application; and Should I subsequently decide to change agents, I will notify my former agent in writing of my decision. <p>I understand that:</p> <ul style="list-style-type: none"> The University may obtain official records from any institution in which I have previously been enrolled; The University may vary or cancel any decision it makes if the information I have given is incorrect or incomplete; The University need not re-enroll me if I do not complete my studies satisfactorily each year; I am fully responsible for my educational and living expenses while studying at the University; The University is unable to provide me with financial assistance if I experience financial difficulties during the course of my studies; and I have read and understood the "Conditions relating to International Students" in Section G of this application form. <p>I consent to the collection, storage and disclosure of information relating to record falsification or other irregular acts in accordance with Australian Vice-Chancellor's Committee procedures.</p> <p>I declare that the information I have given in this application is true and correct.</p>	
SIGNATURE OF APPLICANT	DATE

SECTION J:	APPLICATION CHECKLIST
<ul style="list-style-type: none"> <input type="checkbox"/> Have you completed all relevant sections of the application form? <input type="checkbox"/> Have you attached your original English language test results (E.g. IELTS / TOEFL)? <input type="checkbox"/> Have you attached Certified True Copies* of your academic transcripts and degree or diploma certificate (where appropriate)? <input type="checkbox"/> Have you included certified translations of your academic qualifications (original or certified true copies)? <input type="checkbox"/> Have you included your curriculum vitae? <input type="checkbox"/> Have you included detailed course outlines of previous studies if you are applying for credit? <input type="checkbox"/> Have you signed and dated the application? 	

***Original or certified true copies are required of all official documents. Copies can be certified by any official agent of the University, the Australian Embassy, any officer of the Court such as a Justice of the Peace or Commissioner of Oaths, or by the School/University where the study was completed.**