

School of Public Health and Community Medicine, UNSW

Cover Sheet - Postgraduate coursework application*

*This form is a supporting document required in addition to submitting your UNSW postgraduate coursework application.

Student Name: _____

UNSW Student Number (if known): _____

Domestic Student

International Student

Program

Select the degree, program, and specialisation (if applying for the Master of Public Health) that you are applying for.

Degree	Program <i>[tick two programs if applying for a combined Masters degree]</i>	Specialisation <i>[only applicable for single Master of Public Health degree]</i>
<input type="checkbox"/> Combined Masters	<input type="checkbox"/> Public Health	<input type="checkbox"/> Aboriginal Health and Wellbeing
<input type="checkbox"/> Masters	<input type="checkbox"/> Health Management	<input type="checkbox"/> General
<input type="checkbox"/> Graduate Diploma	<input type="checkbox"/> International Public Health	<input type="checkbox"/> Health Promotion
<input type="checkbox"/> Graduate Certificate		<input type="checkbox"/> Infectious Disease Epidemiology and Control
		<input type="checkbox"/> International Health
		<input type="checkbox"/> Primary Health Care

Domestic Students only - Fees

Please indicate whether you would like to be considered for a tuition fee place, a Commonwealth supported place (CSP) or both. Limited CSP are available for Masters applicants only. Students who select both will be considered for a CSP place as a first preference and a tuition fee place as a second preference.

Tuition fee place

Commonwealth supported place (CSP)

Both

All Applicants - Selection criteria

Education and qualifications

Tick all that apply and provide details, including the number of full time equivalent years (FTE).

Degree / qualification	Name of Degree / Area of Specialisation/Year completed	Years (FTE)	Office Use
<input type="checkbox"/> PhD			
<input type="checkbox"/> Post-graduate professional ^d			
<input type="checkbox"/> Masters degree			
<input type="checkbox"/> Graduate Diploma / Certificate			
<input type="checkbox"/> Graduate Certificate			
<input type="checkbox"/> Undergraduate degree ^e			
<input type="checkbox"/> Other qualifications ^f			

^d for example, post-graduate medicine, pharmacy, law ^e include honours and combined degrees e.g Science/Law. ^f May include qualifications not obtained from a University

Summary of Postgraduate Experience

Admission to all programs requires professional experience, preferably health-related experience. Please summarise your experience here and state the number of full time equivalent years (FTE). Do not include practical experience obtained as part of a degree program (e.g. clinical experience).

Applicants for Health Management programs please also highlight your management experience.

Type of experience	Summary of most relevant experience (E.g. position title, organisation, key responsibilities)	Years (FTE)	Office Use
<input type="checkbox"/> Health - related	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
<input type="checkbox"/> Other	1.		
	2.		
	3.		
	4.		

Additional Information

Please provide any additional information you would like to be considered when your application is assessed.

Office use only