


 ID: 

## APPLICATION FOR AN INTERVIEW FOR THE BACHELOR OF MEDICAL SCIENCE

### ADMISSION POLICY FOR UNDERGRADUATE PROGRAMS

The **Admission Policy and Procedures for the Bachelor of Medical Science** is available from the Griffith web site at <http://www.griffith.edu.au/academicprogramsandcourses/>

Applicants are requested to read the policy and procedures before submitting an Application for Interview

### 1. PRIOR CONTACT WITH GRIFFITH UNIVERSITY

Are you or have you ever been a student or staff member at Griffith University?  Yes  No

Previous Griffith Identification number:

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Previous Family name if changed:

Family name:

### 2. PERSONAL DETAILS

Name:

Title:  Mr  Miss  Ms  Mrs  Other:

Family name:

First name:

Other names:

Date of Birth:

/ /

Gender:

Male

Female

### 3. CONTACT DETAILS

Email Address:

Email Type:  Home  Work

Home telephone number:

Work/mobile telephone number:

Permanent home address:

No and street:

Suburb/town:

State:

Country:

Postcode:

Mailing address:

If your Mailing Address is the same as your Permanent home address please write "same as home address"

No and street:

Suburb/town:

State:

Country:

Postcode:

### 4. CITIZENSHIP STATUS

Are you an Australian Citizen?  Yes  No

Have you been granted a Permanent Humanitarian Visa in Australia?  Yes  No

If you have been granted a Permanent Humanitarian Visa in Australia, please attach a certified copy of your residency Visa contained in your Passport.

Are you a New Zealand Citizen?  Yes  No

Have you been granted a Permanent Residency (other than a permanent humanitarian visa) in Australia?  Yes  No

If you are not an Australian or New Zealand citizen or permanent resident please complete the details below. Your application will be forwarded to Griffith International's International Office for processing.

Country of birth:

Citizenship:

Type of visa currently held:

**5. EQUITY INFORMATION**Do you identify as an Indigenous Australian?  Yes  NoAre you a Uni-Reach participant?  Yes  No**6. UMAT OR ISAT REGISTRATION DETAILS**

Year completed UMAT or ISAT	UMAT or ISAT Identification Number

Please attach a copy of your UMAT Admission Ticket, or the tear-off slip on the Ticket, which contains your UMAT Identification Number. Or please attach a copy of your ISAT Identification Number.

**7. DETAILS OF COMPLETION OF YEAR 12**

Year completed	Australian State or County

**DOCUMENTARY EVIDENCE**

Please ensure the following documentation (where applicable) is attached to your application:

- Certified copy** of your UMAT Admission Ticket, or the tear-off slip on the Ticket **OR** a copy of your ISAT Identification Number
- Certified copy** of your documentary evidence for permanent resident status in Australia (*if applicable*).
- Certified copy** of your IELTS, TOEFL or ASLPR certification (English Language Proficiency) (*if applicable*).
- Certified copy** of your "Certificate of Australian Citizenship" or the New Zealand equivalent (*if applicable*).

If you do not attach the appropriate documents the processing of your application may be delayed.

Please be advised that a "**Certified Copy**" is a copy bearing the recognised mark of a Justice of the Peace, Commissioner of Oaths & Declarations, or a Solicitor.

**LODGING INSTRUCTIONS**

Lodge **by mail or in person** the application form and any documentary evidence to the Griffith University School of Medicine.

Mailing Address	School of Medicine Griffith University PMB 50 Gold Coast Mail Centre QLD 9726	Location	Centre for Medicine & Oral Health 16 High St Southport QLD 4215
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**PROTECTING STUDENT PRIVACY**

Griffith University collects, stores and uses personal information only for the purposes of administering student and prospective student admissions, enrolment and education. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. For further information consult the University's Privacy Plan at [www.griffith.edu.au/ua/aa/vc/pp/](http://www.griffith.edu.au/ua/aa/vc/pp/) or Telephone (+61 7) 373 57700 or (+61 7) 555 28811.

**7. STUDENT DECLARATION**

I authorise the University to obtain information concerning my academic record from any school, university or other institution attended by me. I agree to inform the University promptly should I be excluded, suspended or expelled from any tertiary institution during the period of my enrolment at the University. I consent to the collection, storage and disclosure of information concerning any acts of record falsification or other irregular acts in relation to my academic record. I acknowledge that the University may vary or reverse any decision made on the basis of incorrect or incomplete information supplied by me. I authorise the University to obtain information concerning my status required under the Higher Education Support Act 2003 (HESA). I acknowledge that the University may vary or reverse any decision made on the basis of such information once obtained.

Signature:

Date: / /

Processed by: / /

**OFFICE USE ONLY**