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Application Form 2011

Sports Therapy - Myotherapy - Sports & Remedial Massage

APPLICANT INFORMATION		PLEASE ATTACH PHOTOGRAPH HERE FOR IDENTIFICATION PURPOSES ONLY
FAMILY NAME		
GIVEN NAME (S)		
DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
STREET ADDRESS		
SUBURB/ CITY/ COUNTRY	POSTCODE	
TELEPHONE (HOME)	(MOBILE)	
EMAIL ADDRESS		
SPECIAL NEEDS/ DISABILITIES (IF ANY)		
OCCUPATION		
COURSES YOU ARE APPLYING FOR:		
<input type="checkbox"/> Advanced Diploma of Sports Therapy		
<input type="checkbox"/> Advanced Diploma of Remedial Massage(Myotherapy))		
<input type="checkbox"/> Diploma of Remedial Massage		
<input type="checkbox"/> Certificate IV in Massage Therapy Practice		
POST GRADUATE COURSES YOU ARE APPLYING FOR:		
<input type="checkbox"/> Graduate Certificate in Sports Therap		

PLEASE COMPLETE THE RELEVANT SECTIONS:

YOUR EDUCATIONAL HISTORY

I HAVE NOT COMPLETED VCE. I HAVE COMPLETED VCE (OR EQUIVALENT).

I WILL BE COMPLETING VCE IN YEAR: I HAVE COMPLETED TERTIARY STUDIES.

PLEASE LIST THE HIGHEST LEVEL OF EDUCATION:

NAME OF QUALIFICATION: _____

WHERE COMPLETED: _____

WHEN COMPLETED: _____

VCE STUDIES

LIST THE SUBJECTS ATTEMPTED IN YEARS 11 AND 12, TOGETHER WITH THE GRADES ACHIEVED WHERE AVAILABLE

YEAR 11		YEAR 12	
SUBJECT	RESULT	SUBJECT	RESULT

POST SECONDARY STUDIES

YEAR	NAME OF INSTITUTION OR UNIVERSITY	QUALIFICATION ATTAINED	UNITS OR SUBJECTS PASSED

ARE YOU APPLYING FOR EXEMPTION OF EQUIVALENT UNITS? YES NO

