Supplementary Information Form for International Students

RMIT UNIVERSITY

RMIT University CRICOS Provider Code: 00122A

MC002 Psychology

Master of Psychology
School of Health Sciences

This form must be completed by international students only. Australian or New Zealand citizens/ Permanent residents of Australia or Permanent Humanitarian Visa holders must apply through RMIT Admissions, **www.rmit.edu.au/programs/apply**.

Section 1: Applicant information

Student reference number (if known)

_____

Title   Family Name

_____   _____

Given Name   Date of Birth

_____   _____

Email

_____

Section 2: How to Apply

1. Check the programs and fees website to ensure this program is offered for your preferred intake: **www.rmit.edu.au/international/programs**
2. Check the program academic and extra requirements at: **www.rmit.edu.au/programs/MC002**
3. Complete this supplementary information and upload as part of your supporting documentation with your online application via Apply International: **www.rmit.edu.au/international/apply**
4. Alternatively, submit this completed supplementary information form along with your application to:

    @   Email: **isapplications@rmit.edu.au**

    ✉   Post: RMIT International
                    GPO Box 2476
                    Melbourne, Vic 3001, Australia

    👤 In Person: Info Corner (International Desk)
                    330 Swanston Street
                    Melbourne, Vic, 3001, Australia

Section 3: Further information

Contact: Program Director, Postgraduate Psychology Programs
Telephone: +61 3 9925 7376
Email: **health-sciences@rmit.edu.au**

Section 4: Confidential referee report forms

Postgraduate Professional Programs Referee Report: Professional/Personal Referee Form

The person named below has applied for a place in a postgraduate degree program and has named you as a professional or personal referee in support of their application. The applicant has been instructed to provide you with a stamped envelope addressed to:

**The Selection Officer, Professional Psychology Programs,
RMIT International, GPO Box 2476, Melbourne, Vic 3001, Australia**

Please return your completed referee report to the above address by no later than 30 October. The material you provide on this form is confidential in accordance with Section 35 of the *Freedom of Information Act 1982* (Victoria).

Name of applicant

_____

Program applied for at RMIT University: Master of Psychology - Clinical

Name of referee

_____

Relationship to applicant

_____

Address

_____

_____

_____

Telephone   Fax

_____   _____

Email

_____

Please provide details of any work experience (paid or voluntary) that may relate to this program.

	Outstanding Top 5% - 10%	Superior Top 10% - 20%	Very Good Top 20% - 30%	Good Top 30% - 40%	Average Top 40% - 50%	Below Average Bottom 50%	Don't Know
Writing skills							
Oral skills							
Organisational skills							
Interpersonal skills							
Flexibility / adaptiveness							
Research skills							
Suitability for postgraduate professional training							

Your level of knowledge of the applicant (select one): ☐ High   ☐ Medium   ☐ Low

Based on your knowledge of the applicant, please indicate the level of your support for their application:

☐ Unreserved   ☐ Strong   ☐ Moderate   ☐ Reserved   ☐ Nil

Signed: Date

_____   _____

Section 5: Confidential referee report forms

Postgraduate Professional Programs Referee Report: Academic Referee Form

The person named below has applied for a place in a postgraduate degree program and has named you as a professional or personal referee in support of their application. The applicant has been instructed to provide you with a stamped envelope addressed to:

**The Selection Officer, Professional Psychology Programs,
RMIT International, GPO Box 2476, Melbourne, Vic 3001, Australia**

Please return your completed referee report to the above address by no later than 30 October. The material you provide on this form is confidential in accordance with Section 35 of the *Freedom of Information Act 1982* (Victoria).

Name of applicant

_____

Program applied for at RMIT University: Master of Psychology - Clinical

Name of referee

_____

Relationship to applicant

_____

Address

_____

_____

_____

Telephone   Fax

_____   _____

 Email

_____

Please provide details of any work experience (paid or voluntary) that may relate to this program.

	Outstanding Top 5% - 10%	Superior Top 10% - 20%	Very Good Top 20% - 30%	Good Top 30% - 40%	Average Top 40% - 50%	Below Average Bottom 50%	Don't Know
Writing skills							
Oral skills							
Organisational skills							
Interpersonal skills							
Flexibility / adaptiveness							
Research skills							
Suitability for postgraduate professional training							

Your level of knowledge of the applicant (select one): ☐ High   ☐ Medium   ☐ Low

Based on your knowledge of the applicant, please indicate the level of your support for their application:

☐ Unreserved   ☐ Strong   ☐ Moderate   ☐ Reserved   ☐ Nil

Signed: Date

_____   _____

Section 6: Privacy statement and applicant declaration

Privacy statement

RMIT University is providing you with this statement because RMIT University and the Department of Education, Employment and RMIT University is providing you with this statement because RMIT University is seeking personal information about you in this form to fully and properly assess your application for study and administer any subsequent enrolment in accordance with its policies and procedures.

The information you provide on this form and during enrolment may be made available to the Australian Government, State Agencies and other designated authorities under the *ESOS Act 2000*, ESOS Regulations 2001 and the National Code.

Information about you can be disclosed without consent where authorised or required by law.

RMIT University's policies require that the information on this form be supplied. Please note that failure to do so, or to supply only part of it, may result in your application being unable to be considered. In addition, any offer of a place may be revoked and enrolment cancelled if the information supplied is incomplete, false or misleading.

RMIT University collects, uses and destroys my information in accordance with RMIT University's Privacy Policy **www.rmit.edu.au/privacy**.

Applicant declaration

Please read and sign the following applicant certification. This application is not valid unless signed and dated. If you are signing this application on behalf of the applicant, a certified copy of your authority to act on their behalf must be attached.

I declare that to the best of my knowledge, the information supplied in this form and any supporting documentation or materials is correct and complete. I acknowledge that the provision of incorrect or incomplete information or documentation or the withholding of information or documentation relating to my application may result in the cancellation of any offer or enrolment by RMIT University. I confirm that I have read and understood the application and accept the conditions of the application. I further understand that submission of an application to RMIT University does not guarantee the offer of a place. I authorise RMIT University to obtain, where necessary, further information regarding this application from other relevant bodies.

I agree that:

— I have read and understood the privacy statement and accept its conditions
— I will be bound by the statutes, regulations, standards of conduct and policies of the University as amended from time to time
— I consent to receiving information electronically from the University.

I certify that:

— the information supplied regarding my application is correct
— my response to questions and any work submitted as part of my application are my own original work
— the submission of incorrect or incomplete information may result in the withdrawal of any offer and/or cancellation of enrolment at any stage
— it is my responsibility to provide all relevant and required documentary evidence of my qualification/s.

I authorise RMIT University to:

— obtain further information with respect to my application from other organisations
— provide information to government, educational, health and other relevant institutions, in the processing of, or in conjunction with, my application.

Signed: Date

_____   _____