



ADDITIONAL INFORMATION FORM
School of Community Health
PODIATRY

20%

Office Use Only:	Overall Rating: _____
	Recommendation: _____

Please note:

- **Do not** send the original of any documents with this application as they will not be returned.
- **ONLY** attach most recent School Reports.
- **Do not** include any folders or plastic material.
- All photocopies to be A4 size.
- No **faxed** material will be accepted (unless prior authorisation given by Course Coordinator).
- Any additional **unrequested** material **will not be** considered in application.

UAC NUMBER: _____

SURNAME: (Block Letters) _____

OTHER NAMES: _____

ADDRESS: _____

_____ Postcode _____

Telephone contact number: () _____ (BH/AH)

A. EDUCATION DETAILS

- i) For current HSC Students ONLY: Attach most recent Year 12 Report.
- ii) For applicants other than current HSC: Attach post-secondary (eg TAFE, University) results/transcripts/statements of attainment/reports.

DO NOT ATTACH ORIGINAL COPIES OF REPORTS/CERTIFICATES

B. DECLARATION

I certify that all statements, attachments and information provided on this Additional Information Form are true and complete to the best of my knowledge.

Signature: _____ Date: ____ / ____ / ____

Please forward (via postage) this Additional Information Form by Monday 14th December 2009 to:

Administration Officer
School of Community Health
Charles Sturt University
PO Box 789
ALBURY NSW 2640

For clarification or assistance, please contact

School Administration Officer
Telephone – (02) 6051 6771

