



# Application

THE FACULTY OF NURSING & MIDWIFERY ~ THE UNIVERSITY OF SYDNEY

## NON-AWARD APPLICATION FORM

Please complete all sections in BLOCK LETTERS

### 1. PERSONAL DETAILS

Title:  Mr  Mrs  Ms  Miss  Other (please specify)

Family name  Other names

Date of birth  Home phone

Work phone  Mobile phone

Email address  Fax number

Mailing address

Suburb/town  Postcode  Country

Have you ever been a student at The University of Sydney or the former Cumberland College of Health Sciences?

No  Yes (If yes, please enter you student number)

Please Note: If this application is approved, your enrolment form will be produced from the information provided. INCOMPLETE or ILLEGIBLE information will delay your enrolment.

### RESIDENCY STATUS

Australian Citizen  Australian Permanent Resident  New Zealand Citizen

### NURSING REGISTRATION

Do you hold a CURRENT Nurses Registration Board Annual Practising Certificate?

No  Yes (If yes, please attach a certified copy to your application)

### 2. COURSE OF STUDY

I wish to enrol as a non-award student in the following units of study.  
Please refer to the Faculty website for the list of units on offer.

Unit of Study	Unit of Study Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

I am applying for the:  Semester 1 intake OR  Semester 2 intake







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## 6. AUTHORISATION OF PERSON TO ACT ON YOUR BEHALF FOR APPLICATION PURPOSES (OPTIONAL)

Do you wish to authorise a relative or friend to act on your behalf in your absence?

No  Yes

If Yes, please complete the following declaration:

I, \_\_\_\_\_ hereby authorise

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whose signature appears below, to act on my behalf in my absence in matters relating to my application for 2010 admission:

Signature of Proxy

Signature of Applicant

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## 7. DECLARATION

- I declare that I have read the instructions and that all the information submitted is correct and complete;
- I have attached documentary evidence of all my qualifications, and the originals of all academic transcripts and other required documents;
- I consent to The University of Sydney obtaining official records from any educational institutions attended by me;
- I understand that The University of Sydney reserves the right to vary or cancel an application made on the basis of incorrect or incomplete information; and
- I undertake to advise the Registrar immediately of any change in the information contained in this application.

Signature of Applicant

Date

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How did you find out about the unit(s) of study?

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Please indicate the ATSI category that applies to you (please tick one of the following):

- Neither Aboriginal nor Torres Strait Islander;
- Of Torres Strait Islander origin;
- Of Aboriginal origin; or
- Of Aboriginal AND Torres Strait Islander origin.

PLEASE ENSURE THAT YOU HAVE COMPLETED ALL SECTIONS



