School of Medical Sciences
Please note: VTAC course codes that end in ‘1’ (type 1) indicate places for which the cost is subsidised by the government, i.e. students do not pay the full cost of the course. VTAC course codes that end in ‘3’ (type 3) indicate places available only to international students who are currently studying a Year 12 or International Baccalaureate in Australia in 2010.

SECTION 1: Applicant information

Title_________________________Family name/surname_________________________2011 VTAC application number_________________________

Given name/s_________________________Date of birth (DD/MM/YY)_________________________

Preferred name/s (if different from above)_________________________Age at 1 January 2011_________________________Gender (M/F)_________________________

Contact information

Address________________________________________________________________________

City/suburb________________________________________________________________________

State_________________________Postcode_________________________Country_________________________

Business telephone number_________________________Alternative telephone number_________________________

Email________________________________________________________________________

Please ensure you advise VTAC and the contact person listed in Section 3 of this form in writing of any changes to your personal details.

SECTION 2: How to apply for this program

1. You must check the Victorian Tertiary Admissions Centre (VTAC) Guide entry for this program and ensure all requirements listed by the dates specified are met.
2. Lodge an application with VTAC, listing this program on your preference list. An application fee applies.
   
   Closing dates: 30 September 2010 (timely), 12 November 2010 (late), 10 December 2010 (very late). Visit www.vtac.edu.au or tel. 1300 364 133
3. Complete this Supplementary information form. Please note that current Year 12 students are not required to complete this form.
4. Read the privacy statement and sign the declaration. This form will be returned if it is not signed by you or an authorised proxy.
5. Submit this Supplementary information form by:
   
   Thursday 30 September 2010 (timely)
   Friday 12 November 2010 (late)
   Friday 10 December 2010 (very late)
   
   to:
   
   The Selection Officer
   Exercise and Sport Science / Physical Education
   School of Medical Sciences
   RMIT University
   PO Box 71
   Bundoora VIC 3083
SECTION 3: Further information

Title: Selection Officer, Exercise and Sport Science / Physical Education
Telephone: +61 3 9925 7075
Email: medicalsciences@rmit.edu.au

SECTION 4: Employment / work experience / voluntary activities

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

<table>
<thead>
<tr>
<th>Dates</th>
<th>Remuneration</th>
<th>Tenure</th>
<th>Work / activity</th>
<th>Employer / organisation</th>
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<tbody>
<tr>
<td>From</td>
<td>To</td>
<td>Paid / Unpaid</td>
<td>Full-time / Part-time if part-time, please provide details</td>
<td>Role and duties</td>
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SECTION 5: Applicant statement

Program/s for which you are applying (please tick)

- Exercise and Sport Science
- Physical Education*

* Please note that signing the declaration in Section 8 signifies your acceptance of the requirement to achieve aquatic-based competencies and to complete a level two first aid qualification for successful completion of the Physical Education program.

If the space provided is insufficient, please attach an A4 sheet, ensuring you list your name, date of birth and VTAC application number (if available).

Exercise and Sport Science
If you are applying for the B. App. Sci. (Exercise and Sport Science) program, please indicate the qualities and capabilities you possess that will assist you in becoming a successful Exercise and Sport Science graduate.

________________________________________________________________________
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Physical Education
If you are applying for the B. App. Sci. (Physical Education) program, please indicate the qualities and capabilities you possess that will assist you in becoming a successful Physical Education teacher.

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SECTION 6: Physical activity, sport and exercise experiences

Please provide full details of these experiences, specifying your role where it is in addition to participation.

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<thead>
<tr>
<th>Year/s</th>
<th>Sport/Activity club</th>
<th>Level</th>
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SECTION 7: Privacy statement

The Royal Melbourne Institute of Technology (RMIT University) is providing you with this notice because the University has sought personal information about you. The University needs this information so that it can fully and properly assess your application in accordance with its policies and procedures. The information you supply on this form and in any documentation supplementary to your application will be provided to the program selection authorities.

RMIT University’s policies require that the information requested in this application 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 information supplied is incomplete, misleading or false.

You have the right to request access to and/or correct any personal information concerning you held by the University. Routine corrections, changes and enquiries etc. regarding your application should be submitted in writing and sent to Admissions, RMIT University, GPO Box 2476, Melbourne VIC 3001. Any other requests for access may require a formal application under the Freedom of Information Act 1982. Such requests should be directed to the Head, Admissions at the above address. This information is being collected and will be held by Admissions and/or college selection staff.

SECTION 8: Applicant declaration

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 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 including the Victorian Tertiary Admissions Centre (VTAC).

This application is not valid unless signed and dated.

Signature: ___________________________ Date: ____________

If you are completing and submitting this form on behalf of the applicant, please write your name and attach a copy of a proxy document confirming that the applicant has given you authority to act on their behalf.

Proxy name: ___________________________