

The Centre for Musculoskeletal Studies



Department of Surgery : The University of Western Australia

Master of Science, Master of Medical Science and Doctor of Philosophy

**Application for Admission:
AUSTRALIAN students only**

Coversheet

Applicants are required to complete all fields of the application form. In addition a brief curriculum vitae, structured according to the format outlined in the application instructions, should be submitted.

Name:

Prior to sending your application, check that you have done the following:

- Completed a Curriculum Vitae according to the application guide
- Attached certified copies of your university academic transcripts
- Reports requested from two professional referees
- Two [2] page summary of proposed research

Please forward completed application forms to:

Associate Professor Kevin P. Singer
The Centre for Musculoskeletal Studies
University Department of Surgery
Royal Perth Hospital
Medical Research Foundation Building
Rear 50, Murray St
PERTH WA 6000.
AUSTRALIA



The Centre for Musculoskeletal Studies, Department of Surgery
The University of Western Australia,
CRICOS Provider Code: 00126G
Level 2, Medical Research Foundation Bldg
Royal Perth Hospital Rear 50, Murray Street, Perth, WA 6000

Tel. +61 8 9224 0200 Fax. +61 8 9224 0204 Email: info@cms.uwa.edu.au Web: www.cms.uwa.edu.au



Title : **Family Name:** **Male** [] **Female** []

Other Names : **Preferred name:**

Student number. [if previously enrolled at UWA]

--	--	--	--	--	--	--	--

Date of Birth

--	--

Day

--	--

Month

--	--	--	--

Year

Postal address
.....
.....

Telephone number [home] **[work]:**

Fax Number..... **Email address :**

Country of Citizenship / Nationality:

If not Australia: state Visa status:

ACADEMIC QUALIFICATIONS

List all qualifications[degree, diploma, etc] and provide original transcripts or certified copies, of the qualifications listed. Please ensure that all transcripts show subjects taken and the grades or marks achieved.

Qualification	Institution	Year completed
.....
.....
.....

Postgraduate qualifications	Institution	Year completed
.....
.....

Area[s] of research interest and motivation to undertake a research degree:
.....
.....
.....

Names and contacts of two academic referees from whom reports have been requested:

1. 2.
.....
.....



Preferred enrolment status:

Full -time [] part-time [] Either []

English Language requirements

Is English your first language? Yes No

Employment history. *Please state your employment history of the last five years [use additional pages if necessary]*

Name of Employer	Position held	Dates
.....
.....
.....
.....

Next of Kin *(person to be contacted in case of emergency)*

Title: Family Name Given Names:

Next of kin's permanent home address
.....
.....

Telephone number [home] [work]:

Your relationship to next of kin:

Disabilities (This question is optional)

Do you have a disability, impairment or long term medical condition which may affect your studies? Yes No

Further comment in relation any medical condition[s] (optional):
.....
.....

Application Declaration

I certify that, to the best of my knowledge, the information provided in this form is complete and correct. While I am a student at the University of Western Australia I undertake to observe all of the Statutes, By-laws and regulations of the University, including those related to Intellectual Property. I declare that I can meet the financial obligations to undertake the course of study and associated living costs. I acknowledge the understanding that the University may obtain copies of my academic transcripts from any university or institution I have attended.

Signature of Applicant *Date*



**Guidelines for Curriculum Vitae in support of application for:
Master of Science or Doctor of Philosophy**

In support of your application, please provide an abbreviated C.V. set out according to the following format.

1. PERSONAL DETAILS

Family name Given Names
Date of birth:
Home address:
Telephone number: Fax Number
E-mail:
Address for replies if different from above:

2. PROFESSIONAL QUALIFICATIONS (*attach **certified** academic transcripts*)
Name of award, year, conferring institution

3. ADDITIONAL RELEVANT QUALIFICATIONS

Degree, diploma, certificate, First aid qualifications, CPR certification or other relevant qualifications

4. CLINICAL EXPERIENCE [where relevant]

Outline clinical experience in physiotherapy including place of employment, level of appointment, duration of employment, duties, associated administrative or teaching duties

5. RESEARCH EXPERIENCE

Publications
Grants or Scholarships
Research prizes & awards
Research Consultancy or advisory work

6. PROFESSIONAL MEMBERSHIP

Membership of professional organisations, Special Interest Groups etc.
Include dates of membership and specific responsibilities within the organisation

7. ADDITIONAL INFORMATION

Additional information not specifically related to your profession or employment



The Centre for Musculoskeletal Studies



Department of Surgery The University of Western Australia

REFEREE'S REPORT (Academic)

IN CONFIDENCE

Send to:

Associate Professor Kevin P. Singer
The Centre for Musculoskeletal Studies
University Department of Surgery
Royal Perth Hospital
Medical Research Foundation Building
Rear 50, Murray St
PERTH WA 6000.
AUSTRALIA

Fax (International): 61 8 9224 0204



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Section 1 must be completed by the candidate, who is responsible for forwarding this form to the two nominated academic referees.

Section 1

Name of Applicant: _____

Program applied for: _____

Name of referee: _____

Position: _____

Practice / Department: _____

Practice / Institution: _____

Full address of referee: _____

Qualifications: _____

Section 2: Guide for Referee

The content of your report will be confidential to The Centre for Musculoskeletal Studies

Please comment on the applicant's suitability to undertake the postgraduate academic program they have applied for.

This application is unlikely to be considered if your report is not received by The Centre for Musculoskeletal Studies.

Please complete and submit within 4 weeks of receipt.



Section 3 Referee's Confidential Report (*Please print*)

1. In a graduating class of.....students, this student was in the top.....%.
2. What overall grade or honour was obtained by this student?.....
3. Please give your appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison with others you know have undertaken graduate study.

Qualities	Exceptional	Top 10%	Top 20%	Top 50%	Unable to judge
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence/ Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Any further comments you may wish to make about this applicant's academic and/or clinical performance

5. In summary, how do you recommend the applicant for postgraduate study?

Strongly recommend Recommend Do not recommend

Academic Referee's Name

(print).....

Signature:Date:



The Centre for Musculoskeletal Studies



Department of Surgery The University of Western Australia

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Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence/ Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Academic Referee's Name

(print).....

Signature:Date:

