

Graduate Programs in Alcohol and Other Drug Studies 2008 Application for Enrolment

Section A: Personal Details

(Mr/Ms/Miss/Mrs)	Surname:	
First Names:		

(If your name has changed, please supply documentary evidence, eg certified copy of marriage certificate original.)

Type of Enrolment:	New Enrolment <input type="checkbox"/> Re-Enrolment <input type="checkbox"/>	Student Number: <i>(If known)</i>		Year First Enrolled:	
Date of Birth:	____ / ____ / ____	Gender:(M/F)			
Residential Address:					
Suburb:			Postcode:		
Address for correspondence:					
Suburb:			Postcode:		
Telephone: Home:			Business:		
Mobile Phone Number:			Fax:		
E-mail Address:					
Emergency Contact:				Phone No.:	
What country is your permanent home residence?	Australia <input type="checkbox"/>	Other Country <input type="checkbox"/>	Name of other country		
Country of Birth:	Australia <input type="checkbox"/>	Other Country <input type="checkbox"/>	Year of arrival in Australia		
Citizenship/Residency:	Australian Citizen <input type="checkbox"/>	New Zealand Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Temporary Entry Permit <input type="checkbox"/>	
Do you have a significant disability or long term medical condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Detail:		
Aboriginal or Torres Strait Islander origin?	None <input type="checkbox"/>		Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	
	Aboriginal or Torres Strait Islander <input type="checkbox"/>				

Section B: Type of Entry

Entry requirements

Graduate Certificate	Graduate Diploma
<p>Normal entry will require the student to have an undergraduate degree in a relevant discipline. This could be a Bachelor Degree or Advanced Diploma. Special entry is available.</p> <p>The criteria to grant admission under special entry is:</p> <ul style="list-style-type: none"> • Nurses who completed their RN nurse training prior to the introduction of degree courses; OR • Other health professionals with training and experience in relevant areas, but without a degree and who possess appropriate professional experience and meet such other requirements as are perceived appropriate by Turning Point, may be considered. Applicants may be required to attend an interview and would need to demonstrate to an academic panel adequate preparation to undertake studies at a higher level by providing written work on a specific topic. 	<p>Normal entry will require the student to have an undergraduate degree in a relevant discipline.</p> <p>Special entry</p> <p>Applications from students who do not meet the entry criteria, but have completed the Graduate Certificate in Alcohol and Other Drug Studies and achieved an average grade of “B” or greater, will be considered.</p> <p>Graduate Certificate graduates who gain entry to the Graduate Diploma will receive credits equivalent to 50% of the Graduate Diploma</p>

Type of Entry:	Normal Entry <input type="checkbox"/> Special Entry <input type="checkbox"/>	Note: If you are applying for special entry we will contact you regarding the process.
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Section C: Qualifications

Please list all post secondary school qualifications (If Re-Enrolment – Leave Blank)

A certified copy of all awards and/or academic transcripts must be included

Award Name	Awarding Institution	Year completed

Possible certifiers include: Pharmacists, Police Officer, School Principal, Doctors, and Solicitors.

Alternatively you may bring your originals to Turning Point Education and Training Services at **142 Gertrude Street, Fitzroy** for citing.

Recognition of Prior Learning

Are you applying for Recognition of Prior Learning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Note: A separate application form and evidence is required
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Section D: Enrolment

On the next page please choose your course and subjects you wish to enrol in by placing a tick in the last column. Please indicate semester details and mode of study.

Graduate Certificate in Alcohol and Other Drug Studies							
Subject Code	Subject Name	Credit Points	Semester	Mode of Study		Fee	Please tick the subject you wish to enrol in
				On Campus	Flexible		
GP012	Perspectives in Drug Use	15	1				
GP013	AOD Treatment, Assessment and Planning	15	1				
GP003	Introduction to Counselling	7.5	2				
GP004	AOD Counselling	7.5	2				
GP006	AOD Group Skills	7.5	2				
GP017	Introduction to Solution-focused Brief Therapy	7.5	2				
GP018	Clinical Experience	7.5	3				
GP019	Telephone Counselling	7.5	2009				
GP014	Young People, Drugs and Society	15	2				
GP015	Dual Diagnosis – Context and Response	15	2				
GP016	Prevention in Practice	15	1				
GP009	Drug Use in Society: The Public Health Response	15	2009				
Graduate Diploma in Alcohol and Other Drug Studies							
Subject Code	Subject Name	Credit Points	Semester	Mode of Study		Fee	Please tick the subject you wish to enrol in
				On Campus	Flexible		
GP012	Perspectives in Drug Use	15	1				
GP013	AOD Treatment, Assessment and Planning	15	1				
GD102	Research Methodologies	15	1				
GD103	Research project	30	2				
GD100	Making Sense of Experience: Evaluation and Reflective Practice	15	2009				
GP003	Introduction to Counselling	7.5	2				
GP004	AOD Counselling	7.5	2				
GP006	AOD Group Skills	7.5	2				
GP017	Introduction to Solution-focused Brief Therapy	7.5	3				
GP018	Clinical Experience	7.5	3				
GP019	Telephone Counselling	7.5	2009				
GP014	Young People, Drugs and Society	15	2				
GP015	Dual Diagnosis – Context and Response	15	2				
GP016	Prevention in Practice	15	1				
GP009	Drug Use in Society: The Public Health Response	15	2009				
GD101	Exploring Complimentary and Alternative Therapies in Drug and Alcohol Treatment	7.5	3				

Section E: Declaration

I declare that to the best of my knowledge the information supplied on this form is correct and complete, and I agree to abide by the policies and procedures of Turning Point Alcohol and Drug Centre

Signature: _____ Date: ___/___/_____

Section F: Payment details

Payment by:

Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money order <input type="checkbox"/> Bankcard <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>															
Card No.:															
Expiry date:	____/____		Card holders name:												
Card holders signature:															

Office Use Only

Date Received:			
Program Managers Authorisation:		Date:	
Comments:			

Turning Point Alcohol and Drug Centre, Education and Training Services is committed to protecting and maintaining the privacy, accuracy and security of your personal and health information. Turning Point Alcohol and Drug Centre privacy policies and procedures support State and Federal privacy legislation