

MASTER OF COUNSELLING

SUPPLEMENT TO INTERNATIONAL STUDENT APPLICATION FORM



INSTRUCTIONS FOR APPLICANTS

- An application for the Master of Counselling comprises the submission of the 'International Student Application Form', a copy of this form and all requested supporting documentation. Application forms can be found on our website: usc.edu.au/study/international-students/how-to-apply/step-3-application-forms
- Completed applications must be submitted by the published due date to be considered for admission in the nominated study period. Due dates for applications are published on our website: usc.edu.au/study/how-to-apply/application-dates

1.0 PERSONAL INFORMATION

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other:	Date of birth:	DD	MM	YYYY	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Family name:	Given names:				
Country of birth:					

Address (current place of residence) / contact details

Number and street:		
Town/City:	State:	Country:
Postcode/Zip:	Email:	
Telephone: COUNTRY AREA LOCAL NUMBER	Mobile:	

2.0 PERSONAL STATEMENT

In the space provided below, please outline why you have chosen a career pathway into counselling, including your past experience, your field of counselling and the qualities you bring (approx. 500 words)

DECLARATION

I declare that the information I have given is true, correct and complete. I understand that if I knowingly make any false or misleading statements, my application may be withdrawn.

Applicant signature:	Date:
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PRIVACY STATEMENT

The University of the Sunshine Coast collects, stores and uses personal information only for the purposes of administering student and prospective student admissions, enrolment and education. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. For further information consult the University's Privacy policy at: usc.edu.au/privacypolicy

MASTER OF COUNSELLING

PROFESSIONAL REFEREE REPORT



IMPORTANT INFORMATION

Please comment on the applicant's performance which you have observed during your professional relationship. Please also comment on applicant's suitability to undertake and complete a postgraduate course with regard to placement, research and coursework.

1.0 NAME OF APPLICANT

Family name:	Given names:
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2.0 REFEREE DETAILS

Title: Mr Mrs Ms Prof A/Prof Dr Other:

Family name:	Given names:
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Contact details

Telephone number:	Mobile phone number:
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Email address:

Institution name:

Number and street / PO Box:

Suburb / City:	State:	Postcode:
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3.0 PROFESSIONAL RELATIONSHIP TO APPLICANT

Current employer Colleague Psychology related Non psychology related

How long have you known the applicant? Less than 12 months More than 12 months Do not know the applicant well

4.0 REFEREE REPORT

Attach additional information if required.

Rate the applicant's suitability to undertake and complete a Postgraduate Master of Counselling course:

Highly recommended Recommended Suitable Not suitable

REFEREE DECLARATION

I declare that the information I have given is true, correct and complete.

Professional Referee signature:	Date:
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LODGEMENT

Return the completed referee report to: USC International—ML17
University of the Sunshine Coast
MAROOCHYDORE BC QLD 4558 AUSTRALIA
or by email to study@usc.edu.au

MASTER OF COUNSELLING

ACADEMIC REFEREE REPORT



IMPORTANT INFORMATION

Please comment on the applicant's performance which you have observed during supervision, assessment or research. Also comment on applicant's suitability to undertake and complete a postgraduate course with regard to placement, research and coursework.

1.0 NAME OF APPLICANT

Family name:	Given names:
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2.0 REFEREE DETAILS

Title: Mr Mrs Ms Prof A/Prof Dr Other:

Family name:	Given names:
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Contact details

Telephone number:	Mobile phone number:
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Email address:

Institution name:

Number and street / PO Box:

Suburb / City:	State:	Postcode:
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3.0 PROFESSIONAL RELATIONSHIP TO APPLICANT

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4.0 REFEREE REPORT

Attach additional information if required.

Rate the applicant's suitability to undertake and complete a Postgraduate Master of Counselling course:

Highly recommended Recommended Suitable Not suitable

REFEREE DECLARATION

I declare that the information I have given is true, correct and complete.

Academic Referee signature:	Date:
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LODGEMENT

Return the completed referee report to:
USC International—ML17
University of the Sunshine Coast
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