



Southern School of Natural Therapies

25 Victoria Street Fitzroy Victoria 3065 Ph: (03) 9415 3333

EXPRESSION OF INTEREST FORM

(Please tick appropriate box)

BACHELOR OF HEALTH SCIENCE – CHINESE MEDICINE

BACHELOR OF HEALTH SCIENCE – CLINICAL MYOTHERAPY

BACHELOR OF HEALTH SCIENCE – NATUROPATHY

NAME _____

MALE

FEMALE

ADDRESS _____

POSTCODE _____

TEL (HOME) _____ (BUS) _____ (MOBILE) _____

EMAIL _____ D.O.B _____

OCCUPATION _____

I FIRST FOUND OUT ABOUT THE COURSE FROM (PLEASE TICK 1 BOX)

VTAC

INTERNET

YELLOW PAGES

HEALTH-CARE PRACTITIONER

CAREERS EXPO

SOUTHERN SCHOOL STUDENT/GRADUATE

SCHOOL'S CAREER ADVISOR

FRIEND OR FAMILY MEMBER

OTHER

OTHER (PLEASE LIST) _____

EXPERIENCE IN THE AREAS OF COMPLEMENTARY MEDICINE OR HEALTH-CARE (PLEASE DESCRIBE) _____

MODE OF ENTRY

FULL TIME SCHOOL LEAVER (VTAC APPLICANT)

FULL TIME MATURE AGE

PART TIME SCHOOL LEAVER

PART TIME MATURE AGE

SCHOOL YEAR COMPLETED OR BEING COMPLETED _____ ENTER SCORE _____

SCHOOL SUBJECTS COMPLETED OR IN PROGRESS (PLEASE LIST) _____

PREVIOUS TERTIARY STUDY: Yes No IF YES, PLEASE LIST COURSE, NAME OF INSTITUTION AND DATE OF COMPLETION

SIGNATURE: _____ DATE: _____

Note: Full-time Semester 1 Applicants must apply through VTAC

Please complete this form, detach and send to:
Southern School of Natural Therapies
25 Victoria Street Fitzroy VIC 3065

OFFICE USE ONLY: COMMENTS:

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For more information visit
www.southernschool.com

DATE RECEIVED: ____ / ____ / ____