Strategic Partnerships

**APPLICATION FOR ADMISSION**

GRADUATE CERTIFICATE IN BUSINESS ADMINISTRATION FOR (ACS SA & NT)

#### PERSONAL DETAILS

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FAMILY NAME

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GIVEN NAME(S) TITLE (eg DR / MR / MRS / MS / MISS) PREFERRED NAME

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PERMANENT HOME ADDRESS

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TELEPHONE (country code, area code, number - if applicable) FACSIMILE (country code, area code, number - if applicable)

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DATE OF BIRTH

NATIONALITY

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ARE YOU AN AUSTRALIAN PERMANENT RESIDENT? YES NO

1. **CURRENT OR MOST RECENT EMPLOYMENT**

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POSITION

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LENGTH OF TIME IN POSITION

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EMPLOYER

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EMPLOYER’S ADDRESS

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1. **ACADEMIC HISTORY TERTIARY STUDIES**

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| DATE FROM – TO | EDUCATIONAL INSTITUTION | DEGREE / DIPLOMA / CERTIFICATE AWARDED |
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AN OFFICIAL ACADEMIC TRANSCRIPT OF ALL RESULTS MUST ACCOMPANY THIS APPLICATION.

ADDITIONAL RELEVANT PROGRAMS / COURSES COMPLETED

(including prizes, awards or scholarships gained)

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#### HAVE YOU PREVIOUSLY COMMENCED A PROGRAM AT UNISA / PREVIOUSLY APPLIED TO UNISA?

##### YES 🗌 NO 🗌

Student ID No. (if known) at University of South Australia................................................................................................................................................................................................................................................

###### Have you ever been precluded from further study at this University or any higher education institution? YES 🗌 NO 🗌 if yes, please give details

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#### EMPLOYMENT HISTORY

###### Please indicate below, in reverse chronological order, your employment experience. Include all details of your work experience which would be relevant, Please attach your detailed curriculum vitae.

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| --- | --- | --- | --- |
| DATE FROM – TO | EMPLOYER’S NAME | JOB TITLE OR POSITION | PART-TIME OR FULL-TIME |
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1. **OTHER INFORMATION RELEVANT TO YOUR APPLICATION**

(if space is insufficient, please attach separate pages)

* 1. Outline your particular reasons for wishing to undertake this program.

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###### List any particular skills / experience / interests which you consider relevant to your application (e.g., offices held and / or participation in community, voluntary and professional organisations).

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HOW DID YOU HEAR ABOUT THE MBA? (Tick more than one box if applicable)

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| --- | --- | --- | --- | --- |
| 🗌 Employer |  🗌 Colleague / Friend | 🗌 Exhibition | 🗌 Brochure |  🗌 Email |
| 🗌 Information Session  |  🗌 Referral from MBA Alumni | 🗌 Referral from Existing Student | 🗌 Internet Advertising |  🗌 Internet Search |

 🗌 Media advertisement – Where? ................................................................................................................................................................................................................

 Other (please specify) ................................................................................................................................................................................................................................

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1. **REFEREES**

Please give the name and contact details of two referees relevant to this application. At least one referee should be work related

REFEREE 1 REFEREE 2

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###### NAME NAME

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###### POSITION POSITION

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###### ADDRESS ADDRESS

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###### TELEPHONE

FACSIMILE

TELEPHONE

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###### EMAIL ADDRESS EMAIL ADDRESS

Please give a copy of the Referee’s Report to each Referee. Ask the Referee to post or fax the completed report directly to Strategic Partnerships.

1. **DECLARATION**

I declare that the information supplied in this application is true and complete in every particular and I authorise Strategic Partnerships, University of South Australia to make such enquiries about the details associated with this application as it thinks desirable.

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###### DATE

SIGNATURE

**THE COMPLETED APPLICATION FORM CAN BE RETURNED BY FAX OR EMAIL:**

Fax: (08) 8302 0805 Email: sandra.walker@unisa.edu.au

**OR POSTED TO:**

University of South Australia, Strategic Partnerships, GPO Box 2471, Adelaide SA 5001

CRICOS Provider Number: 00121B