



INDIGENOUS SCHOLARSHIP APPLICATION FORM

NAME:	
ADDRESS:	
SUBURB:	POSTCODE:
PHONE:	MOBILE:
EMAIL:	DATE OF APPLICATION:
SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT PROVIDED <input type="checkbox"/>	DATE OF BIRTH:
Who can we contact in case of an emergency?	
NAME:	
RELATIONSHIP:	CONTACT PHONE:
<input type="checkbox"/> I AM WANTING TO APPLY FOR THE GRADUATE DIPLOMA COURSE	

PLEASE ATTACH WITH YOUR APPLICATION THE FOLLOWING INFORMATION

<input type="checkbox"/>	A copy of your resume: this should be concise, with a maximum of 4 pages specifying any previous training you have completed.
<input type="checkbox"/>	Specify the details of any training and experience you have in the areas of counselling therapy, mediation (years of experience in each position held and number of hours face to face clinical experience if any).
<input type="checkbox"/>	A copy of your confirmation of Aboriginality. Land Council or Community Group.

What are your reasons for applying for this course? Why do you feel you would be the best recipient for this scholarship? How would you use your qualification to benefit your community? (attach additional pages if required)

Where Did You First Hear About Pathways Psychology Institute?

INTERNET LOCAL MAGAZINE FRIEND ADVERTISING EMAIL

ACCEPTANCE OF CONDITIONS OF ENROLMENT

I agree to conduct myself in a manner relating respectfully to all members of staff and students at Pathways Psychology Institute and to acknowledge accurately all reference material used in writing assignments.

NAME:	
SIGNATURE:	DATE:

RETURN COMPLETED APPLICATION FORM & SUPPORTING DOCUMENTS BY ONE OF THE FOLLOWING METHODS

MAIL TO: PATHWAYS PSYCHOLOGY INSTUITUTE 6 BELBOWRIE CLOSE, GALSTON. NSW. 2159

EMAIL TO: info@pathwayspsychology.com.au

OFFICE USE	DATE RECIEVED
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