



Short course: Primary Health Care at Jamkhed, India



Application Form

Course you are applying for (*please circle*) - 22 Nov - 12 Dec 2009
10 - 30 January 2010

First Names: _____ Surname: _____

Male Female Date of birth: _____

Postal Address: _____

_____ Postal Code: _____

Tel. No: _____ Mobile No.: _____

Email: _____

Current university, course, level and student number and/or employer and position:

Other activities (e.g. uni clubs, sporting activities, community, volunteer, church etc.):

Outline any past experience cross-culturally or with disadvantaged people:

Talents/interests:

Future plans (workplace, type of practice):

Briefly outline

a) why you would like to take this course

b) what you hope to learn/accomplish

b) what you plan to do with the experience

Will you be taking the course for academic credit? Yes No

Payment of the deposit of \$250.00 is by:

Cheque (payable to **Australian International Health Institute**) attached

The following credit card: (American Express card cannot be accepted)

Type of card: Visa MasterCard

Card holder name: _____

Card Number _____ Expiry Date _____

Signature of Card Holder _____

I understand that the Nossal Institute will process payment of this deposit only if my application is successful. If I subsequently withdraw, this deposit will not be refunded unless notice of such withdrawal in writing is received by the Nossal Institute before close of business on 18 September 2009. A charge of \$25 will apply in all withdrawals.

Applicant's Signature _____ Date _____

Please complete and send this form with payment to:

Joni Law

Nossal Institute for Global Health

The University of Melbourne

187 Grattan Street, Ground Level

VICTORIA 3010

Fax: + (03) 8344 9130 Email : jycl@unimelb.edu.au