Complete and forward this form and other requested material **by the 1st of October**.

Attach photo

(head & shoulders)

|  |  |  |  |
| --- | --- | --- | --- |
| Email to: | [**psych-admintamaki@auckland.ac.nz**](mailto:psych-admintamaki@auckland.ac.nz) |  |  |

**NOTES:**

1. Before completing this form, please read the “[*Speech Science Information for Prospective Students*”](https://www.psych.auckland.ac.nz/en/for/future-postgraduates/fp-admission-and-enrolment/fp-application-forms.html)
2. Please complete the [online application](https://www.auckland.ac.nz/en/study/study-options/find-a-study-option/master-of-speech-language-therapy-practice-msltprac.html). If you need help, please call 0800 61 62 63 or send your request to [scifac@auckland.ac.nz](mailto:scifac@auckland.ac.nz).
3. Please complete this form by typing your answers in the required fields, print it out, physically sign it and, either scan and email, or post the signed form to the appropriate address as above.
4. **No Curriculum Vitae is required**.
5. A letter informing you of the selection results will be sent to the email address you provide below.

***THE PRIVACY ACT 1993:*** *The University of Auckland undertakes to collect, use and store the information provided by you and two referees for the purposes associated with selection of students into Speech Science programmes, in accordance with the Privacy Act (1993) and its Amendments.*

# PERSONAL INFORMATION

|  |  |
| --- | --- |
| Full Legal Name |  |
| Preferred Name |  |
| Contact Address |  |
| Contact phone numbers |  |
| Email address |  |
| Ethnicity (*please state all that apply)* |  |
| Date of Birth |  |
| If you are going to be overseas at the time of interviews (approx. from *fourth week in October to end of November*), then provide your Skype address. |  |

1. **REFEREES**

The University of Auckland requests your permission for members of the Selection Committee to contact your referees and any lecturing staff from programmes you have completed in your last year of study. This would be to ask further information about you, relevant to selection into the programme.

|  |
| --- |
| I agree that members of the Selection Committee may speak to my referees and other academic staff for the purposes described. Date: |

List the name, address, phone and email contact information for each of your referees.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Address | Phone and email contact |
| 1 |  |  | Ph:  Email: |
| 2. |  |  | Ph:  Email: |

***Note:*** *Between the two of them, your referees should be able to comment on* ***all*** *the areas in the Confidential Letter of Reference form. If one referee cannot comment on your skills and experience in a particular area, you should ensure your other referee can comment on this. References will not be accepted from family members or friends.   
Please ensure your referees sign their reference or it will not be accepted. . References should be received by Speech Science on* ***or before the 1st of October.*** *It is your responsibility to follow up with your referees to make sure your application and references meet this deadline.*

1. **ENTRANCE REQUIREMENTS**

**Admission** to the MSLTPrac Degree programme requires the approval of the Faculty of Science to verify that students meet the entry criteria. Students who have not been enrolled previously at the University of Auckland need to have their previous university qualifications approved by the University of Auckland before an offer of a place in the MSLTPrac can be confirmed.   
Check out the information on the University of Auckland’s webpage for [Postgraduate applications](https://www.auckland.ac.nz/en/study/applications-and-admissions/how-to-apply/postgraduate-admission/postgraduate-applications.html).

1. If you speak languages other than English, please provide us with details (*list the languages and your proficiency)*:

|  |
| --- |
|  |

1. If English is not your first language, please provide evidence of your English proficiency. Please see the *‘*[*2018 English Language Proficiency Requirements and International* *English Language Equivalencies*](https://cdn.auckland.ac.nz/assets/auckland/study/applications-and-admissions/entry-requirements/postgraduate-entry-requirements/postgraduate-english-language-requirements/2018%20English%20language%20requirements%20-%20PG.pdf)*’*.

**Academic Courses:** Please attach a copy of your official academic record if you have studied at a University other than the University of Auckland.

1. Have you completed a University qualification?   
   Please give details by completing the table below.

|  |  |  |
| --- | --- | --- |
| Year | Name of university and country | Name of degree awarded |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. If you are currently a student please indicate below the degree you are currently enrolled in, the University where you are studying and your Major(s)

|  |
| --- |
|  |

1. List all courses you are currently enrolled in. Provide a brief description of the course if the content is not obvious from the course title along with the name of the coordinator.

|  |
| --- |
|  |

1. For those students who have already completed a research project or dissertation, please provide details.

|  |  |
| --- | --- |
| Title |  |
| Abstract (or topic/area of study) |  |
| Supervisor name(s) |  |

1. **Work Experience**

a) **Paid Work** Please list in chronological order any paid work experience you have had (note if full-time or part-time) and provide a brief description of job title if not sufficiently informative.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year(s) |  | Duration  (Total number of months/ years) | Work Experience (list type of experience) | Full-time/Part-Time (if part-time state number of hours per week) |
|  |  |  |  |  |
|  |  |  |  |  |

b) **Unpaid Work Experience:** Please list in chronological order any unpaid work you have done which you think is relevant to speech language therapy.

|  |  |  |  |
| --- | --- | --- | --- |
| Year(s) | Duration  (Total number of months/ years) | Work Experience (list type of experience) | Full-time/Part-Time (if part-time state number of hours per week) |
|  |  |  |  |
|  |  |  |  |

1. **Current understanding of Speech Language Therapy practice** (please provide no more than half a page per question)

|  |
| --- |
| (a) What is your understanding of the work a speech-language therapist does? |
|  |
| (b) As you understand speech-language therapy, what are your major strengths? |
|  |
| (c) As you understand speech-language therapy, what are your major areas for improvement and future development? |
|  |
| (d) What aspects of clinical practice in speech-language therapy interest you the most? |
|  |

**CHECKLIST (*tick in the boxes below*)**

 I have read “Speech Science Information for Prospective Students”

 I have submitted an online application

 I have typed the relevant information on the form (no handwriting)

 I have physically signed all relevant parts of the form, an electronic signature will not be acceptable

 I have enclosed all Academic record(s) (for graduates of institutions other than the University of Auckland)

 I have securely attached my photo on page 1 of this form

 I have forwarded the Confidential Letter of Reference to the Referees listed in this form

**DECLARATIONS, if you are accepted into the MSLTPrac programme, I agree to:**

 adhere to the NZSTA Principles and Rules of Ethics, Go to:   
<http://www.speechtherapy.org.nz/about-nzsta/ethics>.

 have audio/visual footage and photographs taken of me during classroom and clinical activities for teaching and assessment purposes

 undertake a clinical placement outside of Auckland if required

 have any immunisations necessary for me to undertake required courses and to provide a copy of the results of the infectious disease screening procedure to the Clinical Director before I commence the MSLTPrac Degree programme

* provide a Criminal Conviction History Report and Vetting Service Request & Consent Form to the Clinical Director before I commence this programme

I declare, that the information I have given in this application form is true and accurate. If statements I have made are found to be false or inaccurate, I acknowledge that my application may not proceed.