



**SPCHSCI 701 Dysphagia (e-learning)
Supplementary Application Form**

Complete and forward this form and other associated material **by the 21st of January** (semester 1), or **by the 21st of June** (semester 2). A minimum number of 3 participants is required for the course to run in Semester 1.

Post to: Dysphagia (e-learning)
University of Auckland
School of Psychology
Tāmaki Innovation Campus
Private Bag 92019
Auckland Mail Centre 1142
New Zealand

Personal delivery/
courier to: Dysphagia (e-learning) School of Psychology
Building 721, Room 320
Tāmaki Innovation Campus
261 Morrin Road, St Johns
Auckland
New Zealand

Email to: psych-admintamaki@auckland.ac.nz

Please indicate which Semester you intend to enrol in:

Semester 1 (March-June)

Semester 2 (July-October)

PERSONAL DETAILS

Full Name	
Country/ies where you will be during this course of study	
Contact Phone Numbers	
Email Address	
Gender	Male Female

Note: If you change your address details during the selection and enrolment period please advise the School and ensure you have updated details on Student Services Online.

ACADEMIC, WORK AND RESEARCH EXPERIENCE

A. If you have completed your Bachelors degree at a University other than The University of Auckland, please attach your academic transcript.

B. List any employment or voluntary experiences that will provide you with dysphagia experience whilst you are studying. Also list any sources of support or supervision for yourself in relation to dysphagia, external to the University of Auckland. These are in no way detrimental to your application. We encourage you to connect with your course mates online and also seek external support whilst you are engaged in this online course.



Student ID:

SPCHSCI 701 Dysphagia (e-learning)

Organisation	Dates	Position Title	Describe Duties

PERSONAL STATEMENT OF ACADEMIC AND RESEARCH INTERESTS

Describe your motivations for pursuing this course in dysphagia, together with your interests in the area, and any previous experience in this subject. Please also briefly describe previous experience with online learning (maximum 500 words).

CONFIDENTIALITY REQUIREMENT FOR STUDENTS ENROLLED IN SPEECH SCIENCE COURSES

Within Speech Science courses there are a number of opportunities to interact with people who have communication disorders and/or from other vulnerable populations (such as older adults and young children). In addition students will observe and discuss video material, and/or participate in class discussions involving confidential information about people with communication disorders and/or from other vulnerable populations.

It is essential that students treat as confidential any information they receive in the course of their studies in Speech Science. They will not disclose information about people participating in the coursework or classroom teaching for students in Speech Science. They will treat as confidential any personal or identifying information about individuals or families/whanau that people share in this context.

Students must complete the following declaration:

I agree to maintain the confidentiality of case examples or participants in any Speech Science learning activity. I will not disclose the names or any identifying details of people who are participating in Speech Science academic, research or clinical course activities nor will I discuss this information with anybody other than classmates and staff in the Speech Science programmes.

Student's name:

Student's signature: _____ Date: _____

DECLARATION

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.

Signed _____ Date _____