



EXPRESSION OF INTEREST

(Please tick appropriate box)

- BACHELOR OF HEALTH SCIENCE – CHINESE MEDICINE**
- BACHELOR OF HEALTH SCIENCE – MYOTHERAPY**
- BACHELOR OF HEALTH SCIENCE – NATUROPATHY**

Name _____ Student no _____

Address _____

Postcode _____

Tel (Home) _____ (Bus) _____ (Mobile) _____

Email _____ Date of birth _____ Male Female

Occupation _____

I first found out about the course from (please tick 1 box)

- Radio
- Friend or family member
- Internet
- Southern School student/graduate
- Health-care practitioner
- Yellow Pages
- Careers Expo
- School Careers Adviser

Other (please list) _____

Experience in the areas of complementary medicine or health-care (please describe)

Mode of entry:

- Full-time school leaver (VTAC applicant)
- Part-time school leaver
- Full-time mature age
- Part-time mature age

School year completed or being completed _____ Previous tertiary study: Yes No

ENTER Score _____

School subjects completed or in progress (please list) _____

If yes,
please list course, name of institution and date of completion

Signature _____ Date / /

NOTE: Full-time Semester 1 applicants must apply through VTAC

Please complete this form, detach and send to:
Southern School of Natural Therapies, PO Box 303,
FITZROY, Vic. 3065 Tel (03) 9415 3333

OFFICE USE ONLY.

Date received / /

For more information visit
www.southernschool.com