

Please paste one photograph here for submission to Swinburne University

Swinburne University of Technology in conjunction with the Executive Counselling & Training Academy Pte Ltd

# APPLICATION FORM FOR ADMISSION CERTIFICATE IN COGNITIVE-BEHAVIOURAL THERAPY

1. PERSONAL DETAILS (p	lease print clearly)					
Name (as in NRIC / Passport)	(Mr /		(Mr / Ms	Ms / Mrs/ Mdm/ Dr)		
Country of Birth						
Citizenship	Singaporean / Permar	nent Resident / Others	s (please specify:		)	
Date of Birth	/	/_ Year				
Marital Status						
Gender	Male / Female					
Mailing Address				S(	)	
Phone Number	Home	Office	 Mobile	Fax		
Email Address						
Current Occupation						
Religion						
Language(s) Spoken						

### 2. EDUCATION DETAILS (please print clearly)

## Post-Secondary / Tertiary Studies List all tertiary or post-secondary courses attempted including any in current year

Name of Institution	Name of Qualification (Degree or Diploma)	Years Attended	Completed (Circle One)	Results attached (Circle One
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
ave you ever been preclude stitutions?	ed from further study at this University o	r any other higher ec	lucation	Yes / No
Yes, please give details				

3. ADDITIONAL INFORMATION
(a) Other qualifications or certificate of attainment or competencies
(1)   Applicable
(2) □ Not Applicable
If you respond to (1), please provide details:
The year you completed the qualification or certification
(b) Are you sponsored by an organisation? ☐ Yes ☐ No
If you respond "Yes", please provide name of organisation:

Organisation	Position or Title	Date From	es To		Part Time cle One)
				F	-/P
				F	= / P
				F	F / P
				F	- / P
Present Occupation:		Title:			
Since:	Number of Y	ears:			
Brief description of current duties	and responsibilities				
5. ANTECEDENT					
5. ANTECEDENT					
	uufforing from any medical condition, illn	con disease menta	al illness	YES	NO
	suffering from any medical condition, illno	ess, disease, menta	al illness	YES	NO
Have you ever suffered or are you		ess, disease, menta	al illness	YES	NO
Have you ever suffered or are you sor physical impairment?  Do you have any history of psychia	tric disorder?	ess, disease, menta	al illness	YES	NO
Have you ever suffered or are you sor physical impairment?  Do you have any history of psychia.  Are you currently taking any prescri	tric disorder? ption drugs or medication?		al illness	YES	NO
Have you ever suffered or are you sor physical impairment?  Do you have any history of psychia.  Are you currently taking any prescri	tric disorder?  ption drugs or medication?  court of law in Singapore or in any count	try?		YES	NO
Have you ever suffered or are you sor physical impairment?  Do you have any history of psychia.  Are you currently taking any prescri	tric disorder? ption drugs or medication?	try?		YES	NO
Have you ever suffered or are you sor physical impairment?  Do you have any history of psychiat  Are you currently taking any prescrit  Have you ever been convicted in a the outcome is pending?	tric disorder?  ption drugs or medication?  court of law in Singapore or in any count  ny offence in a court of law in Singapore	try?		YES	NO
Have you ever suffered or are you sor physical impairment?  Do you have any history of psychiat  Are you currently taking any prescrit  Have you ever been convicted in a Have you ever been charged with a the outcome is pending?	tric disorder?  ption drugs or medication?  court of law in Singapore or in any count  ny offence in a court of law in Singapore	try?		YES	NO
Have you ever suffered or are you sor physical impairment?  Do you have any history of psychia.  Are you currently taking any prescrit  Have you ever been convicted in a  Have you ever been charged with a	tric disorder?  ption drugs or medication?  court of law in Singapore or in any count  ny offence in a court of law in Singapore	try?		YES	NO

### 6. DECLARATION

- (a) I understand that all the information provided will be used in the admission process. The data will also become a part of my student record and may be used for all purposes relating to my studies in accordance with the procedures of the Swinburne University of Technology and the Executive Counselling & Training Academy.
- (b) I declare that the information given to support this application form is accurate and complete. I am aware that the Swinburne University of Technology reserve the right to cancel my application at any time if the information given in this application is found to be untrue. If accepted as a student, I will comply with all conditions, rules and regulations of the University and its representative.
- (c) If accepted into the relevant course(s), I understand that I may from time to time participate in events organised by the academy where my image may be captured in photographs or video-recordings, and may be used on the academy's website or in its publications for publicity purposes.

Date:	Cianatura
Dale	

### 7. CHECKLIST

The application package must contain the following items:

- $\Box$  Duly completed application form (sections 1 6 of this form **must** be filled in)
- □ Two copies of your GCE "O" Level Certificate and any other degrees, diplomas, certificates and official transcripts\*
- □ Two copies of your resume
- ☐ Two copies of your Identity Card (both sides)\*
- □ Two copies of your passport\*
- One recent passport-sized photograph
- □ Application Fee of S\$267.50. Cheque should be crossed in favour of **ECTA.**

(Note that the registration fee will be refunded in full if the application is unsuccessful. However, the registration fee will be forfeited if the applicant withdraws)

The completed application package should be returned to:

Clinical Director
CERTIFICATE IN COGNITIVE-BEHAVIOURAL THERAPY
Executive Counselling and Training Academy Pte Ltd
210 Middle Road
#07-02 Singapore Pools Building
Singapore 188994

<sup>\* (</sup>Please bring the original documents for the interview)