

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 FAMILY THERAPY

1. PERSONAL DETAILS (please print clearly)							
Name (as in NRIC / Passport)	(Mr / Ms / Mrs/ Mdm/ Dr)						
Country of Birth							
Citizenship	Singaporean /	Permane	nt Resident / Ot	thers (please spec	ify:)
Date of Birth	/_ Date M	<i>l</i> onth	_/ Year				
Marital Status							
Gender	Male / Female						
Mailing Address						S()
Phone Number	Home		Office		le	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	
Have you ever been precluded from further study at this University or any other higher education institutions?					
If Yes, please give details					

3. ADDITIONAL INFORMATION			
(a) Other qualifications or certificate of attainment or competencies			
(1)			
(2) D 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? \Box Yes \Box No			
If you respond "Yes", please provide name of organisation:			

4. EMPLOYMENT & WORK EXPERIENCE (please print clearly) Details of relevant employment or work experience				
Organisation	Position or Title	Dat From	tes To	Full/Part Time (Circle One)
				F/P
Present Occupation: Title:				
Since:	Number of Years:	:		
Brief description of current duties and responsibilities				

5. ANTECEDENT YES NO Have you ever suffered or are you suffering from any medical condition, illness, disease, mental illness I Do you have any history of psychiatric disorder? I Are you currently taking any prescription drugs or medication? I Have you ever been convicted in a court of law in Singapore or in any country? I Have you ever been charged with any offence in a court of law in Singapore or in any country for which the outcome is pending? I

6.	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: Signature:					
7.	СНЕ	CKLIST				
The	e appli	ication package must contain the following items:				
		Duly completed application form (sections 1 – 6 of this form must be filled in)				
		wo copies of your GCE "O" Level Certificate and any other degrees, diplomas, certificates and official transcripts*				
	пΤ	wo copies of your resume				
	о Т	wo copies of your Identity Card (both sides)*				
	о Т	wo copies of your passport*				
		Dne recent passport-sized photograph				
	L A	Application Fee of S\$267.50. Cheque should be crossed in favour of ECTA.				
* (F	Please	bring the original documents for the interview)				
	(Note	e that the registration fee will be refunded in full if the application is unsuccessful. However, the				
	regis	tration fee will be forfeited if the applicant withdraws)				
	The o	completed application package should be returned to:				
		Clinical Director				
	CERTIFICATE IN FAMILY THERAPY					
		Executive Counselling and Training Academy Pte Ltd 210 Middle Road				

#07-02 Singapore Pools Building Singapore 188994

Executive Counselling & Training Academy CPE Registration Number: 200209120M (Period: 20 June 2014 to 19 June 2018)