

## Application for Enrolment

Please complete this PDF form, save it and email the completed PDF to [info@copp.edu.au](mailto:info@copp.edu.au)  
Alternatively, you can complete a printed version of this form and email a scanned copy to [info@copp.edu.au](mailto:info@copp.edu.au) or fax to 02 9439 5997.

### Personal Details

Title    Dr       Mrs       Ms       Miss       Mr

Given Name

Surname

Home Address

State

Postcode

Postal Address

Same as Home Address

State

Postcode

Telephone

Mobile

Email

Date of Birth

Are you a permanent resident of Australia?    Yes    No

What program are you applying for?       4+2       5+1

### Tertiary Education

Please provide details of any tertiary qualifications you have completed:

Institution

Degree

Year

Result

Institution

Degree

Year

Result

Institution

Degree

Year

Result

Institution

Degree

Year

Result

Are you currently a member of any professional bodies or organisations?       Yes    No

If yes, please detail:

## Employment History

Please detail your employment history (full time, part time and volunteer) commencing with your most recent role:

Employer

Employer

Job Title

Job Title

Start Month/Year

End Month/Year

Start Month/Year

End Month/Year

Key Accountabilities

Key Accountabilities

Employer

Please let us know if there are any circumstances which may require special consideration in order for you to undertake this internship registration program:

Job Title

Start Month/Year

End Month/Year

Key Accountabilities

Date of Application

The information collected will be treated confidentially and will be used for the purpose of assessing your application to enrol at The College of Professional Psychology.

**Please email a completed copy of this PDF form to [info@copp.edu.au](mailto:info@copp.edu.au)**

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**College of Professional Psychology**

ABN 61 059 134 020

Level 1, 10-12 Clarke Street

Crows Nest NSW 2065

PO Box 613

Crows Nest NSW 1585

Phone (02) 8425 8600

Fax (02) 9439 5997