Applications must be received at the School of Psychology, Speech & Hearing no later than 1"October. Please return by mail or email to:
Coordinator of Postgraduate Programme (Audiology)
School of Psychology, Speech & Hearing, University of Canterbury, Private Bag 4800, Christchurch 8041, New Zealand



Master of Audiology (MAud) Application

Important notes:

- Please PRINT CLEARLY. To ensure that your application is processed efficiently and to ensure that we can contact you, it is essential that we can accurately interpret the information you supply, particularly your name, email and postal address details.
- All sections must be completed.

speech-hearing-admin@canterbury.ac.nz

- Applications which are incomplete are not able to be processed. Therefore, please ensure you provide all required documentation. This includes all transcripts and degree certificates for university level study undertaken (other than from the University of Canterbury). Academic documents must be originals or certified true copies. Faxed, scanned or emailed documents will not be accepted as original or certified copies.
- International students apply as early as possible to give yourself maximum preparation time for visa, fee payment, travel and accommodation arrangements.
- Potential students will be invited to an interview with Departmental Representatives as part of the application process.

Personal details					
UC Student ID number	Date of birth: (dd/mm/yyyy				
Family name (as shown on passport)					
First name(s) (as shown on passport) _					
Preferred namesTitle: Dr / Mr / Mrs / Miss / Ms Other					
Postal address					
•			•		
Nationality (list all countries where you h	noldcitizenship)			
Are you a New Zealand resident?					
Native language					
				test/s have you taken for University admission?	
Test			Scores		
(Evidence must be supplied – please see	www.canterbur	ry.ac.nz/futu	re-students/apply-and-enrol/english-language-	requirements/)	
Academic preparation					
Canterbury as evidence in suppo	ort of my admi c, Solicitor, or a	ission. Copi an official o	ies of original documents must be certified of the institution that issued the original do	s from providers other than University of as true copy of the original document by a cument and must bear the official stamp of	
List all Universities you have attended	or are now att	tending and	qualifications received:		
University	Start date	End date	Specific field of study	Type of degree & date awarded	
Note: If academic qualifications are no	nt in English al	lagga alga gu	unnly an official English translation of these o	locuments	

CMDS6510-MAud

MAud Application form (July 20201 of 2

Recommendations Please arrange for the two recommendation/referee forms to be completed and submitted directly by each referee. At least one referee should be chosen for their ability to answer questions about your safety to work with children. Provide the names of the referees involved and email adresses: 1. Name Email 2. Name Email The MAud degree can be pursued as either a 2 year full-time course or a part-time course over 3 or 4 years.Please select the length of the programme you plan to pursue: O Full-time O Part-time Police Check ☐ If invited into the programme, I agree to complete the Request and Consent form so that a NZ Police Check can be carried out. Have you lived in a country other than New Zeal and continously for 12 months or more in the last 10 years when you were over 16 years of age?○No ○Yes If yes, provide us with the name of the country_ If invited into the Programme, you will be required to provide an up to date police check from that country, translated to English if necessary. Interview Details

 $If your application merits an interview, it can be conducted {\it via} Zoom \, or face-to-face.$

Please select your interview format preference: O Zoom O Face-to-face

During the interview, you should be prepared to address a few questions about working with children and teenagers, per the New Zealand 2014 Vunlerable Child Act legislation. More information can be found at: http://childrensactionplan.govt.nz/assets/CAP-Uploads/legislation/Vulnerable-Children-Act-2014-Factsheet-Feb-2015.pdf

Statement of Purpose

The Statement of Purpose is a required and important part of the application. Please attach a statement at least one page in length, explaining your career goals, details of clinic interests, any relevant qualifications for pursuing an advanced clinical degree, and your reasons for choosing the University of Canterbury.

Within your Statement of Purpose, please comment on the following:

- $1. \ \ How have you prepared yourself for audiology-related, postgraduate study? (e.g., audiological observations or allied field work).$
- 2. Why do you want to pursue a career in audiology?
- 3. Describe how, when engaging with children and teenagers in the clinical setting, you would ensure they are kept safe (e.g., protected from exploitation).
- 4. Describe how, when engaging with children and teenagers in the clinical setting, you would strengthen the connections they have with their families?
- 5. Describe how, when engaging with children and teenagers in the clinical setting, you would facilitate the participation of children and teenagers in decision-making about themselves?

Declaration and signature

I supply the information on this form and in support of this application on the understanding:

- a. that it may be used for purposes relating to myenrolmentasastudentby members of the Academic and Administrative Staff of the University of Canterbury;
- that it may be used for purposes external to the University when it is in statistical form or when it is not to my disadvantage for this to be done, and also where disclosure is required to comply with the provisions of the Privacy Act 1993;
- that I have the right to see and correct if necessary the information I have provided:
- d. that my application cannot proceed without my consent to the foregoing conditions.

I understand that it is my responsibility to provide all necessary documentary evidence of my qualifications and experience. I authorise the University to obtain further information wherever necessary. I acknowledge that the submission of fraudulent or forged documentation in support of this application will automatically disqualify me from enrolment. I understand that in such a case the University of Canterbury reserves the right to informall other New Zealand Universities of that fact along with my name and date of birth and that New Zealand Immigration

Service and the Police may also be informed. My signature below denotes acceptance of these terms and constitutes consent to disclosure for the purposes of the Privacy Principle 11 set out in the Privacy Act 1993.

 $\label{lacept} I accept that all documents submitted in support of this application become the property of the Department of Communication Disorders.$

I understand that, if this application is submitted through an agent of the University, the result will be communicated to the agent also unless I give instructions to the contrary.

I declare that all information submitted on the application formand in the attached documents is correct and complete.

 $Iamaware\ of\ the\ tuition\ costs\ associated\ with\ studying\ in\ the\ course\ and\ Iam\ able\ to\ meet\ all\ expenses for\ the\ duration\ of\ mystudy.$

lagree to advise the Clinic Director of any changes to my circumstances after admission, or prior to orduring placement.

Signature of Applicant	
Date	

Checklist

Have you:

Completed ALL sections and answered ALL questions?

☐ International students: included a copy of the personal details of your passport (this does not need to be certified).

Domesticstudents new to UC: included a certified copy of evidence of your NZ citizenship or residency status, such as passport or birthcertificate.

Provided official documentation of academic results from other Universities?

Provided a self addressed envelope for original transcripts to be returned to you?

Downloaded two copies of the recommendation form and provided these to your referees?

Provided evidence of English proficiency (if applicable)?

Read and signed the declaration?.

Important: Your application cannot be processed unless originals or certified true copies of your supporting documents are included. Faxed applications are not acceptable.