

Applications must be received by the Department of Communication Disorders no later than 1st October.

Please return by mail or email to:

Administrator, Bachelor of Speech-Language Pathology Programme
Department of Communication Disorders
University of Canterbury, Private Bag 4800, Christchurch 8041, New Zealand
Or communicationdisorders@canterbury.ac.nz



Bachelor of Speech-Language Pathology, BSLP(Hons) 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.
- 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.

BSLP

Personal details

UC Student ID number _____ Date of birth: (dd/mm/yyyy) _____ Gender: Male Female

Family name (as shown on passport) _____

First name(s) (as shown on passport) _____

Preferred names _____ Title: Dr / Mr / Mrs / Miss / Ms Other _____

Postal address _____

Home telephone _____ Mobile phone _____

Email (*this is the preferred contact method*) _____

Skype address _____

Nationality (*list all countries where you hold citizenship*) _____

Are you a New Zealand resident? No Yes

Do you have an Iwi affiliation? No Yes (*please state*) _____

Native language _____

To study at Canterbury, you MUST be proficient in English. If English is not your first language, which language test/s have you taken for University admission?
Test _____ Scores _____

(*Evidence must be supplied – please see www.canterbury.ac.nz/future-students/apply-and-enrol/english-language-requirements/*)

Academic preparation

Students applying for the First Professional Year of the BSLP must have (by the start of the Programme):

1. Completed the BSLP Intermediate Year at the University of Canterbury or
2. Completed an equivalent to the BSLP Intermediate Year at the University of Canterbury as set out at www.cmds.canterbury.ac.nz/courses/undergradadvice_new.shtml

For the courses taken outside the University of Canterbury, please complete:

University	Course name	Course code	Date completed	Result

Recommendations

Please arrange for the two recommendation/referee forms to be completed and **submitted directly by each referee** before October 1st. 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 addresses:

1. Name _____ Email _____
2. Name _____ Email _____

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 Zealand continuously 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. _____

Statement of Purpose

Please write below explaining your career goals, reasons for selecting BSLP as a field of Study, details of clinic interests, any relevant experience and qualifications for pursuing a clinical degree and your reasons for choosing the University of Canterbury. You may attach a separate sheet if required.

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Declaration and signature

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

- that it may be used for purposes relating to my enrolment as a student by 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;
- 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 inform all 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.

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 form and in the attached documents is correct and complete.

I am aware of the tuition costs associated with studying in the course and I am able to meet all expenses for the duration of my study.

I agree to advise the Clinic Director of any changes to my circumstances after admission, or prior to or during placement.

Signature of Applicant _____ Date _____

Checklist

Have you:

- Completed ALL sections and answered ALL questions?
- 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.*