



Australian International Health Institute
The University of Melbourne

Primary Health Care Course at CRHP Jamkhed, India

APPLICATION FORM

Course you are applying (please circle) - 18 Nov - 8 Dec 2007
6 - 26 January 2008

First Name: _____ Other Names: _____

Male Female Date of birth: _____

Postal Address: _____

_____ Postal Code: _____

Tel. No: _____ Mobile No.: _____

Email: _____

Current university, course, level and student number, or employer and position:

Other activities (e.g. uni clubs, sporting activities, community, volunteer, church etc.):

Outline any past experience cross-culturally or with disadvantaged people:

Talents/interests:

Future plans (workplace, type of practice):

Briefly outline

a) why you would like to take this course

b) what you hope to learn/accomplish

c) what you plan to do with the experience

Payment of the deposit of \$200.00 is by:

Cheque (payable to Australian International Health Institute) attached

The following credit card (Visa or MasterCard only):

Type of card: Visa MasterCard

Card holder name: _____

Card Number _____

Expiry Date _____

I understand that AIHI will process payment of this deposit only if my application is successful. If I am accepted into the course and subsequently withdraw, this deposit will not be refunded unless notice of such withdrawal in writing is received by AIHI before 28 September 2007, and that AIHI will charge \$20 for administration fee in all withdrawals.

Applicant's Signature _____ Date _____

Please complete and send this form with payment to:

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