

PERSONAL STATEMENT

POSTGRADUATE COURSEWORK

MASTER OF COUNSELLING

School of Nursing, Midwifery and Social Work



THE UNIVERSITY
OF QUEENSLAND

A U S T R A L I A

Brisbane QLD 4072

CRICOS Provider Number 00025B

1. PERSONAL DETAILS

Name:

Date of Birth:

2. PRIOR EMPLOYMENT/RELEVANT EXPERIENCE

Please also ensure that you have uploaded a current CV with your online application

3. WHY DO YOU WANT TO STUDY THIS MASTER OF COUNSELLING PROGRAM?

4. PERSONAL QUALITIES THAT MAKE YOU A SUITABLE CANDIDATE FOR THE PROGRAM