PERSONAL STATEMENT

POSTGRADUATE COURSEWORK MASTER OF COUNSELLING

School of Nursing, Midwifery and Social Work



Brisbane QLD 4072 CRICOS Provider Number 00025B

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

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