

APPLICATION FORM FOR POSTGRADUATE DIPLOMA, MASTER'S DEGREE & PhD in Sex, Gender & Sexuality - taught by OSHAP

SURNAME:		FIRST NAMES:	
Preferred title (Dr, Mr, Mrs, Miss, Ms, Rev. or other):			
HOME ADDRESS:			
CITY:		STATE:	Post/Zip Code:
COUNTRY:			
Phone (day):		Phone (evening)	
Fax:		Email:	
DATE OF BIRTH:			Male/Female/Other (please state):
HIGH SCHOOL ATTENDED: (Attach CV or separate sheet if necessary)			
Date of Completion:	Qualifications and grades:		
PREVIOUS COLLEGE OR UNIVERSITY EDUCATION: (Attach CV or separate sheet if necessary)			
NAME OF COLLEGE:			
PERIOD:	QUALIFICATION and grade:		
NAME OF COLLEGE:			
PERIOD:	QUALIFICATION and grade:		
NAME OF COLLEGE:			
PERIOD:	QUALIFICATION and grade:		
DETAILS OF OTHER QUALIFICATIONS & PROFESSIONAL MEMBERSHIPS:			
1.			
2.			
3.			
4.			
5.			
CURRENT EMPLOYMENT			
Name and address of employer:			
Position and responsibilities:			
PREVIOUS EMPLOYMENT:			
Name and address of employer:			
Dates:			
Position and responsibilities:			
Name and address of employer:			
Dates:			
Position and responsibilities:			
Name and address of employer:			
Dates:			
Position and responsibilities:			
DO YOU OWN A COMPUTER? Yes/No			
What kind?			
Do you have a connection to the Internet at home? Yes/No			
WHAT DEGREE OR QUALIFICATION ARE YOU SEEKING?			
Master's Degree in Sex, Gender and Sexuality ? Yes/ No			
Postgraduate Diploma in Sex, Gender and Sexuality? Yes / No			

PhD in Sex, Gender & Sexuality? Yes/No	
Special Interests:	
Do you have a portfolio of trainings, courses, miscellaneous study, university credits, and verified learning experiences that you wish us to evaluate for credit? Yes / No	
(If so, please send certified copies of the relevant documents and certificates, plus a copy of the courses' prospectus. If prospectus is not available, you will need to supply documentation from the learning institution stating what was covered during your time of study. Please also supply full contact details of the institution).	
Do you need a transcript request form to send to previous college(s)? Yes/ No	
REASON FOR WISHING TO TAKE YOUR CHOICE OF COURSE: (attach separate sheet if necessary)	
English language proficiency: (please give details and grades of any English Language exam taken)	
NAME AND ADDRESS OF REFEREE:	
Qualifications or Position of Referee:	
FINANCE	
Do you wish to pay in full in advance for 10% discount? Yes / No	
Are you interested in a monthly payment plan with payments charged to your credit card? Yes/No (If yes, we will let you know further details. The normal scheme is over 10 months with payments every 30 days.)	
Please read instructions below before deciding how to pay.	
Amount enclosed:	Currency: Australian dollars
IMPORTANT INSTRUCTION ABOUT FEE PAYMENT: PLEASE READ CAREFULLY	
Payment will be processed in Australian dollars. If you live outside Australia, the amount will show up on your credit card statement in your local currency, having been converted by your bank at the exchange rates at the time of processing. Full payment for the whole course in advance can also be made by cheque or (international) money order payable to O'Keefe School of Hypnosis & Psychotherapy .	
Type of card (Mastercard or Visa only accepted):	
Card number:	Expiry date: (MM/YY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of cardholder:	
Address as on credit card statement:	
Amount to be debited AUD\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Signature of cardholder:	Date:
DECLARATION: I apply for the course of study indicated overleaf. All details on this form are true and correct. I understand that Calamus International University, British West Indies, which validates the Diploma/Degree/PhD courses in Sex, Gender and Sexuality, taught by OSHAP which is an affiliate institution of Calamus, does not have state-recognised accreditation and that its degrees are not United Kingdom, United States or Australian degrees. I am satisfied that the University and its diploma/degrees and eventual qualifications are suitable for my needs. I undertake to pay all fees and charges on or before the due date and to abide by the rules and decisions of OSHAP and the University. I understand that this agreement is between me and the tuition provider, O'Keefe School of Hypnosis and Psychotherapy.	
Signature of student:	Date:
Please return this form and enclosures to: O'Keefe School of Hypnosis and Psychotherapy, 27 Meymott Street, Randwick, Sydney, NSW 2031, Australia. Ph 61 (0) 2 9326 6323 Fax 61 (0) 2 9399 6587	

