PERSONAL STATEMENT

POSTGRADUATE COURSEWORK

MASTER OF COUNSELLING

The School of Psychology &

The School of Social Work & Human Services

THE UNIVERSITY OF QUEENSLAND

AUSTRALIA

Brisbane QLD 4072

CRICOS Provider Number 00025B

1 PERSONAL DETAILS

Name:

Title: _____

Family name: _____

Given names: _____

Preferred name: _____

Date of Birth:

Day: _____ Month: _____ Year: _____

Your University of Queensland Student Number (if known) or previous name (if enrolled under another name)*

_____

Gender: ☐ **Female** ☐ **Male**

2 PRIOR EMPLOYMENT/RELEVANT EXPERIENCE

Please attach a copy of your Curriculum Vitae

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

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