

# HISTOCOMPATIBILITY AND IMMOGENETICS

## APPLICATION FORM

### ENROLMENT PREFERENCE *(please tick)*

- Online and face-to-face study mode, Year .....
- Are you an alumni of UniSA? This information helps us with the enrolment process for you.

### PERSONAL DETAILS

Title

(Mr/Mrs/Miss etc...) ..... D.O.B (dd/mm/yyyy): .....

Family Name  
(Surname) .....

Other Names .....

Address .....

State ..... Postcode .....

Mobile (preferred) .....

Email .....

Occupation .....

### EMPLOYER DETAILS

Name of Organisation .....

Address .....

State ..... Postcode .....

|               |       |
|---------------|-------|
| Office Number | ..... |
| Office Email  | ..... |

| <b>EDUCATIONAL QUALIFICATIONS</b> |   |                    |             |
|-----------------------------------|---|--------------------|-------------|
|                                   | <b>Award (Eg, Bachelor, Graduate Certificate, Master etc... ..)</b> | <b>Institution</b> | <b>Year</b> |
| 1.                                |   |                    |             |
| 2.                                |   |                    |             |
| 3.                                |   |                    |             |
| 4.                                |   |                    |             |

  

| <b>MEMBERSHIP OF PROFESSIONAL SOCIETIES</b> |                               |
|---|-------------------------------|
| <b>Organisation</b>                         | <b>Duration of membership</b> |
| 1.  |                               |
| 2.  |                               |
| 3.  |                               |

## ADDITIONAL INFORMATION REQUIRED

Students seeking admission into the Professional Certificate in Histocompatibility and Immunogenetics, students must meet the following prerequisite requirements

- Completion of an Undergraduate program including coursework in fields including Immunology, Pathophysiology, Genetics, Molecular Biology and Pathology at 2nd or 3rd year (AQF 7 intermediate or advanced) levels (or equivalent industry experience as determined by the course coordinator)

For the course Clinical Immunogenetics and Histocompatibility access to OrganMatch or similar laboratory management systems is required to understand the registration and management of patient data within clinical transplantation and transfusion medicine.

Membership of the American Society of Immunogenetics and Histocompatibility (ASHI) is highly recommended to enable access to ASHI-developed education material including “ASHI quarterly” and online access to online education material including the journals “Human Immunology” and “HLA”.

Janeway’s “Immunobiology” textbook is also acceptable.

## APPLICATION CHECK LIST

- |                                      |                          |
|--------------------------------------|--------------------------|
| 1. All relevant academic transcripts | <input type="checkbox"/> |
|--------------------------------------|--------------------------|

### PAYMENT OPTION:

Please go to Pay UniSA <https://pay.unisa.edu.au/home/menu> to complete payment.

Simply enter your selection of the following in the search bar:

**Professional Certificate in Histocompatibility and Immunogenetics**

**Total Fee: \$3000 (GST inclusive)**

Please note, fees must be processed prior to the start date of the course

### ADDITIONAL INFORMATION

Do you have a disability, impairment or long-term medical condition, which may affect your studies?     Yes  No

Hearing     Learning

Mobility     Vision     Other \_\_\_\_\_

Student support services are available for domestic and overseas students. Would you like to receive information on support services that may assist you?

\*If yes, please contact Campus Central (for advice on any aspect of student life) via telephone: 1300 301 703 or email: [askCampusCentral@unisa.edu.au](mailto:askCampusCentral@unisa.edu.au) for further information.

### DECLARATION & AUTHORISATION

1. I declare that the information given is accurate and complete.
2. I authorise the University to use any of this information for demographic and evaluation/research purposes and I understand that my anonymity will be guaranteed at all times.

**Signature:**

**Date:**

**PLEASE COMPLETE AND RETURN THIS FORM TO:**

**Administrative Services Officer – Professional Certificates**

Via Email: [chs-teachinglearning@unisa.edu.au](mailto:chs-teachinglearning@unisa.edu.au)

### OFFICE USE ONLY

|   |                                 |              |
|---|---------------------------------|--------------|
| <b>Received Date:</b>   | <b>Course Coordinator Name:</b> |              |
| <b>Outcome:</b><br><input type="checkbox"/> Approved<br><input type="checkbox"/> Rejected | <b>Signature:</b>               | <b>Date:</b> |