

Student No (office use only)

Enquiry No (office use only)

A

UOW COLLEGE
PATHWAYS TO UNIVERSITY OF WOLLONGONG



STEP TO UOW PROGRAM APPLICATION FORM

1. PERSONAL DETAILS (USE BLOCK LETTERS)

Title: Mr Mrs Ms Miss Mx Other Gender: M F X

Family Name First Name Former Family Name
(if applicable) Date of Birth:

Have you previously made an application to undertake or been enrolled in a course at UOW College or the University of Wollongong?

 Yes NoIf Yes, please provide your student number

Are you an Australian citizen*

 Yes No - Citizenship

Are you Aboriginal or a Torres Strait Islander?

 Yes No

Are you a Permanent Resident of Australia?*

 Yes No - Please proceed to Country of birthIf yes, Date of Permanent Residency: Permanent Visa Category Country of birth: Current country of residence (if different from country of birth)

*Certified proof of citizenship or permanent residency will be required prior to enrolment, e.g. photocopy of passport, birth certificates or citizenship documents.

Mailing address

PO Box or Street Address Suburb/Town State/Province Postcode Country Telephone Country code Area code Number Mobile

Home address (if different from mailing address)

PO Box or Street Address Suburb/Town State/Province Postcode Country Telephone Country code Area code Number Mobile

Prior to enrolment, correspondence will normally be sent to your email address, if applicable.

Email

2. UNIVERSITY DEGREE PREFERENCE

Course application

1st Preference Course Name Specialisation 2nd Preference Course Name** Specialisation 3rd Preference Course Name** Specialisation

**Second and third preferences will only be considered if your first choice is unsuccessful.

3. EQUITY CRITERIA

TICK RELEVANT BOXES

Instructions

1. Tick the box (shaded column) that identifies the type of disadvantage that applies to you. You can tick more than one box, if relevant.
2. Provide details of the criteria you are claiming in your Personal Statement on Page 3. Other supporting documents may be required depending on criteria.
3. Attach the relevant supporting documents in support of your claims.

Note: All information supplied regarding equity criteria is strictly confidential.

1. Financial Hardship:

		Equity criteria – Tick relevant (boxes)	Refer to this page in the Guide for specific information about your Personal Statement and Support Documents	Office use only
A	Centrelink Youth Allowance/Austudy/Abstudy.	<input type="checkbox"/>	p8	<input type="checkbox"/>
B	Other Centrelink income and asset tested entitlements. This does not include Family Assistance. Please Note: All Centrelink documentation must be in your name.	<input type="checkbox"/>	p8	<input type="checkbox"/>
C	Exceptional financial circumstances (not receiving Centrelink payments but below the threshold for these benefits).	<input type="checkbox"/>	p9	<input type="checkbox"/>
D	Attend a school that is supported by the Priority Schools Funding Program, or similar program.	<input type="checkbox"/>	p9	<input type="checkbox"/>

2. Disrupted Schooling:

A	Attended three or more secondary schools during Years 10, 11 and 12, not including moving from junior to senior school.	<input type="checkbox"/>	p9	<input type="checkbox"/>
B	Moved from interstate after beginning Year 11.	<input type="checkbox"/>	p9	<input type="checkbox"/>
C	Missed long periods of secondary schooling for reasons other than medical.	<input type="checkbox"/>	p9	<input type="checkbox"/>
D	Missed periods of secondary schooling or experienced severe interruptions to studies due to refugee status.	<input type="checkbox"/>	p9	<input type="checkbox"/>

3. Home Environment and Responsibilities (Severe Family Disruption):

A	Death of an immediate family member or the death of a close friend during Years 11 or 12.	<input type="checkbox"/>	p10	<input type="checkbox"/>
B	Diagnosis of life-threatening illness or severe illness/disability of an immediate family member.	<input type="checkbox"/>	p10	<input type="checkbox"/>
C	Divorce or separation of parents during Years 11 or 12.	<input type="checkbox"/>	p10	<input type="checkbox"/>
D	Criminal proceedings.	<input type="checkbox"/>	p10	<input type="checkbox"/>
E	Crowded living conditions at home.	<input type="checkbox"/>	p10	<input type="checkbox"/>
F	Significant or deliberate interference to studies by family members.	<input type="checkbox"/>	p10	<input type="checkbox"/>
G	Excessive home or family responsibility including care of children/other family members.	<input type="checkbox"/>	p10	<input type="checkbox"/>
H	Work requirements to support family and/or responsibility to work in family business.	<input type="checkbox"/>	p11	<input type="checkbox"/>

4. English Language Difficulty:

A	Originated from a non-English speaking country, and began your education in an Australian high school in Years 11 or 12.	<input type="checkbox"/>	p11	<input type="checkbox"/>
B	Originated from a non-English speaking country, and began your education in an Australian high school in Year 7 or later, and English is not the language spoken at home.	<input type="checkbox"/>	p11	<input type="checkbox"/>

5. Long-term Condition or Ongoing Effects of Abuse:

A	Severe long-term or recurrent medical condition/illness or a learning, physical, psychiatric, or other disability, or abuse e.g. domestic violence, emotional or physical abuse.	<input type="checkbox"/>	p11	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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4. PERSONAL STATEMENT

Personal Statement

In a brief statement describe the nature of disadvantage you believe has adversely affected your schooling. You may address more than one if relevant. Make sure you include specific details of each type of disadvantage that affected your education and how you feel this type of disadvantage has impacted on your academic performance during your study in Years 11 and 12.

Reminder: If you have ticked several types of disadvantage in your application you will need to provide a brief statement for each one. Refer to pages 3-5 in the Application Guide for specific information about what to include for each type of disadvantage.

Personal Statement, eg. 1a Financial Hardship (Centrelink Youth Allowance/Austudy/Abstudy)

Personal Statement

Attach additional pages if you need to address further criteria.

Reminder: Ensure you include supporting documentation for each criterion. The University of Wollongong is unable to assess your application if you do not provide this information.

CONFIDENTIAL STATEMENT OF SUPPORT

- > The Confidential Statement must explain how the disadvantage you have experienced has affected your academic performance in Years 11 and 12.
- > The responsible person who completes this statement must provide information for all three parts (A, B and C) and where appropriate should include information about your level of educational performance prior to the event.
- > To be completed and signed by a responsible person who can support your case. Examples of a responsible person include your school principal, year adviser, careers adviser, doctor, lawyer, social worker, religious or community leader. This person must not be related to you.
- > The Medical Impact Statement and the Confidential Statement must NOT be completed by the same person.
- > Applications will not be assessed without this statement.

All fields are required unless otherwise stated.

A. Applicant's Details

Family Name

First Name

B. Educational Disadvantage(s)

How long have you been aware of the educational disadvantage/s described by the applicant?

Months/Years

Describe how any disadvantage has affected the applicant's studies.

How severe has the impact of the disadvantage been on the applicant's educational performance?

None

Slight

Moderate

Considerable

Extreme

C. Academic Performance and Potential

Are there any factors which you feel would assist in a favourable consideration of this application (e.g. student's academic performance or potential for tertiary study)?

D. Details of the Responsible Person (They may be contacted regarding this application).

Name (print)

Position/Occupation

Name of organisation (if applicable)

Telephone

Fax

Business stamp or seal (if applicable)

Signature

Date

6. MEDICAL IMPACT STATEMENT

Medical Impact Statement

- > Must be completed by a health professional that is familiar with your condition.
- > The Medical Impact Statements must be completed if you are claiming eligibility via equity criteria selection 5: long term conditions or ongoing effect of disease.
- > Examples of a health professional are a medical practitioner, psychologist, or specialist. This person must not be related to you.
- > The Medical Impact Statements and the Confidential Statement must NOT be completed by the same person.

All fields are required unless otherwise stated.

A. Applicant's Details

Family Name

First Name

B. Medical Condition/Disability/Ongoing Effects of Abuse

Describe the condition affecting the applicant.

How long has the applicant been affected by the disability/illness?

Less than 6 months

6–11 months

1–2 years

More than 2 years

How many times have you seen the applicant during the past two years about their disability/illness?

C. Effect on studies

State any medication the applicant is using and the effect this is likely to have had on their studies.

Comment on other ways in which the applicant's disability/illness or abuse may have affected their ability to study.

Impact: How severe has the impact of the disadvantage been on the applicant's educational performance?

None

Slight

Moderate

Considerable

Extreme

D. Details of the Health Professional

Name (print)

Position/Occupation

Reg/Prov. No.

Telephone

Fax

Signature

Date

7. CERTIFICATION OF DOCUMENTS

Original or certified copies of year 11 and year 12 reports. Official certified English translations are also required for documents provided in another language. The reports must show all subjects undertaken, grades obtained (including failures) and stages reached or qualifications gained as per the terms and conditions and privacy disclosure.

A photocopied document must be certified as a true copy of the original by anyone who is currently employed as:

- > An authorised officer in the admissions office at any tertiary institution.
- > Member of the Institute of Chartered Accountants in Australia, or the Australian Society of Certified Practising Accountants, or the National Institute of Accountants, or the Association of Taxation and Management Accountants, or Registered Tax Agent.
- > Bank Branch Manager (excluding bank travel centres).
- > Barrister, Solicitor, or Patent Attorney.
- > Post Office Manager.
- > Principal of either an Australian high school or primary school.
- > A Justice of the Peace.

Checklist

Have you provided:

- Relevant documents to support your claim.
- Certified copy of HSC results.
- Certified copy of Year 11 results.
- Personal contact details (eg. correct mailing address, telephone and mobile number, etc.).
- Certified proof of citizenship, Permanent Residency or visa status.
- Confidentiality Statement.
- Medical Impact Statement (if clarifying eligibility via equity criteria 5).

The person certifying the photocopies must:

- > write on the copy: 'This appears to be a true copy of the original document sighted by me'; and
- > sign the document; and
- > print the following details: name, address, contact telephone number, profession or occupation, and date verified; and
- > affix the official stamp or seal of the verifier's organisation on the copy, if the organisation has such a stamp.

Applications will be held on file for a period of no longer than 12 months.

8. APPLICANTS WITH SPECIAL NEEDS

If you have a disability and require advice or assistance with your studies, please contact UOW Disability Services, via telephone on **+61 2 4221 4942** or via email at disability_services@uow.edu.au

For more information, please refer to www.uow.edu.au/student/services/ds or discuss with a College Student Advisor on **+61 2 4252 8803** or via email at uowcollege_advisor@uow.edu.au

9. FINANCIAL INFORMATION

Are you in receipt of Centrelink payments? Yes No

What type of means-tested Commonwealth income support payment are you receiving? Please tick relevant boxes.

- | | | | |
|--------------------------|--|--------------------------|----------------------------|
| <input type="checkbox"/> | Youth Allowance, living at home | <input type="checkbox"/> | Disability Support Pension |
| <input type="checkbox"/> | Youth Allowance, living away from the home | <input type="checkbox"/> | Parenting Payment |
| <input type="checkbox"/> | Youth Allowance, independent | <input type="checkbox"/> | Carer Payment |
| <input type="checkbox"/> | Austudy | <input type="checkbox"/> | Other, please specify: |
| <input type="checkbox"/> | ABSTUDY | | |
| <input type="checkbox"/> | New Start | | |

10. OTHER IMPORTANT INFORMATION FOR APPLICANTS

- General Consent and Disclosure Statement:** www.uow.edu.au/legal/privacy/UOW089606.html
- Certification of Documents:** Photocopies of documents must be certified as a true copy of the original. For details visit: www.uow.edu.au/future/international/apply/how/certified/index.html
- Change of Name:** If you have changed your name since undertaking matriculation or tertiary level examinations or any of your documents show a name which is different from the one that you have used on this application form, then you must present certified documentary evidence of the change (a marriage certificate, deed poll, statutory declaration).
- UOW College Fees and Refunds Policy:** www.uowcollege.edu.au/policies
- Declaration and Signature:** This application form must be signed by the applicant.

11. DECLARATION, TERMS AND CONDITIONS AND SIGNATURE

Privacy and Disclosure

1. I declare that all the information I have given in this application is true, correct and complete, and is not false or misleading. I understand giving false or misleading information is a serious offence.
2. I declare that the signature on this form is my signature, and has not been signed on my behalf by another person.
3. I agree to tell UOW College/UOW, in addition to my trainer immediately if there is any change to the information I have given in this application.
4. I understand that UOW College/UOW reserves the right to vary or reserve any decision made on the basis of incorrect, incomplete, false or misleading information which I may have provided.
5. Have you been excluded or subject to disciplinary action at any tertiary institution? Yes No
6. I understand that UOW College/UOW may obtain official records from any educational institution I have previously attended.
7. I authorise UOW College/UOW to release any personal information they may hold on me to my trainer when seeking to verify conduct for the purpose of determining my eligibility.
8. I authorise any institution or organisation named on any document provided as evidence of my qualifications or work experience OR which are named in Section 5 of my application, to release to UOW College/UOW any personal information which they may hold about me for the purpose of verification of my supporting documents.
9. I understand that any information provided to UOW College/UOW and information pertaining to my enrolments at UOW College/UOW may be made available to Australian Commonwealth and State government departments and agencies, pursuant to UOW College/UOW's obligations under Australian or State law. This information may also be made available to any company or organisation in which UOW College/UOW arranges a private or public work placement or practicum. This information includes but is not limited to changes to my enrolment.
10. I understand and accept the term and conditions in the General Consent and Disclosure Statement which can be viewed at: www.uow.edu.au/legal/privacy/UOW089606

Transfer from another Education Institution in Australia

11. I agree to advise UOW College/UOW of any studies that I am undertaking or will undertake at any period with another provider which coincides with a period of study I am applying to undertake at UOW College/UOW. I understand that should I have obligations to another provider, UOW College/UOW is unable to offer me enrolment. I understand that I must present any documents requested by UOW College/UOW to confirm my status.

Cancellation and Refunds

12. I have read and understand UOW College Fees and Refund Policy and Deferment, Suspension and Cancellation Policy at: www.uowcollege.edu.au/policies

While enrolled in a program at UOW College/UOW

13. I agree to attend and participate in the training sessions as offered by UOW College/UOW and conduct myself in a professional manner at all times.
14. I understand that I am fully responsible for my education and living expenses while studying with UOW College/UOW.

Applicable Law

15. This agreement and the availability of complaints and appeals processes, does not remove my right as a student to take action under Australia's consumer protection laws.
16. I understand that these terms are governed by the laws of New South Wales and I agree to submit to the non-exclusive jurisdiction of the courts of New South Wales

Consent

By signing this application:

1. I hereby undertake to abide by College rules and policies and the University of Wollongong Act 1989 and the By-laws and rules of the university (where applicable). I understand that UOW College/UOW may have a need to verify the information I have supplied and it may exchange data with other institutions for this purpose. I further understand that UOW College/UOW deals with regulatory bodies and also a number of separate entities, any of which may be granted all or part of this information.
2. I have read, understood and agree to abide by the above terms and conditions. I consent to the use of my personal information as set out above. I declare that the information provided by me in the application is true and correct.

WARNING: : It is an offence to submit fraudulent documentation in support of a course application. Where fraudulent documents are detected the application will be rejected, any offer of enrolment will be withdrawn, and the matter may be reported to ICAC and/or the Police.

Applicant's Signature	Date
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Unsigned applications will not be processed. Applications must be signed by the applicant personally. A third party must not sign on the applicant's behalf.

Parent's or Guardian's Signature (if applicant under 18 years of age)	Date
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The information contained in this form is correct at the time of production (March, 2015). However sections may be amended without notice by UOW College in response to changing circumstances or for any other reason. Applicants should check with UOW College at the time of application/enrolment whether any later information is available.

UOW College CRICOS number: 02723D RTO: 91159 University of Wollongong CRICOS number: 00102E

UOW College is a registered business name of UOWC LTD (ABN 14 105 312 329) - An enterprise of the University of Wollongong.

