

Student No (office use only)

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Enquiry No (office use only)



UOW COLLEGE

UAP COMMONWEALTH SUPPORTED PLACE APPLICATION FORM

1. PERSONAL DETAILS (USE BLOCK LETTERS)

Title: Mr Mrs Ms Miss Mx Other M F X

Family Name*

First Name*

Former Family Name (if applicable)

Date of Birth d d m m y y y y

Have you submitted an application form for the University Access Program (UAP)? Yes No

NOTE: This application can not proceed unless you have submitted an application form for the UAP course.

If YES, please give your student number

Contact address for correspondence

PO Box or Street Address

Suburb/Town

State/Province Postcode

Country

Telephone Country Code Area Code Number

Mobile

Home address (if different from correspondence)

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.

Email

Are you a citizen of Australia? Yes No If NO, complete the following details

Are you a Permanent Resident of Australia? Yes If YES, date of Permanent Residency Day Month Year No If NO, complete the following details

Citizenship Country of Permanent Residence Country of birth

*Certified proof of citizenship or Permanent Residency will be required at the time of enrolment, even if previously provided

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PLEASE NOTE APPLICATIONS WILL NOT BE CONSIDERED UNLESS REQUESTED DOCUMENTATION IS PROVIDED.

Do you currently receive Centrelink payments?

Yes No

a) Write your Centrelink Reference Number (CRN) here and attach a current Centrelink statement with this application.

b) What type of means-tested Commonwealth income support payment are you receiving? Please tick relevant box below.

We will use your CRN to request Centrelink to electronically provide a statement of information so that we can assess your CSP application.

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

Centrelink income confirmation - this must be completed as part of this question.

This consent will be used for the sole purpose of authorising Centrelink to provide information to the University of Wollongong to assess your eligibility in relation to concessions or services provided by the University of Wollongong.

I _____ (PRINT YOUR FULL NAME)

authorise Centrelink to electronically provide a statement to the University of Wollongong to assist in the assessment of my entitlement to services from the University of Wollongong. I understand that the information provided by Centrelink may include, where relevant, current or historical details of payments received, dependants, Centrelink deductions, income, assets and confirmation of my current address.

I understand that this authority, once signed, is effective only for that period I am a customer of the University of Wollongong. I understand that this authority, which is ongoing, can be revoked at any time by giving notice to the University of Wollongong.

I understand that I will be able to obtain a written copy of the Statements at any time from either the University of Wollongong or Centrelink.

A brochure is available from Centrelink that provides more details about the Centrelink Confirmation services or on Centrelink's website at <http://www.centrelink.gov.au>

Signature _____ Date ____/____/____

Our Commitment to Privacy: The University of Wollongong is committed to protecting your privacy. UOW (including its controlled entities) will take all reasonable steps to ensure that the collection, use, disclosure and handling of your personal information complies with both the Privacy and Personal Information Act 1998 (NSW) and the Privacy Amendment (Private Sector) Act 2000 (Cth). The University's Privacy Policy may be viewed at www.uow.edu.au/about/privacy or by calling 1300 367 869 (with Australia).

Consent: I understand that UOW may need to verify the information I have supplied and thus it may exchange data with other institutions for this purpose. I further understand that UOW deals with regulatory bodies and also includes a number of separate entities, any of which may be granted all or part of this information to assist students in their studies at UOW.

Disclosure: The information provided may be used for (but not limited to) the following purposes and/or reasonably related purposes:

- The Assessment of your scholarship application for suitability for the award of an undergraduate scholarship.

Have you received any income from paid employment during the last twelve months Yes No

If YES, please indicate the amount received over the last 12 months

\$

Please attach the following to this application:

① An **income tax assessment** for the last financial year OR a **group certificate** AND ② a recent **pay advice**

Are you living with your parents? Yes No N/A

Are you receiving support from your parents (either financial or material)? Yes No

If you answered YES to either of the questions above please indicate your parents combined income by ticking the relevant box and attach the following to this application

① An **income tax assessment** for the last financial year OR a **group certificate** AND ② a recent **pay advice**

Less than \$40,000 Between \$40,000 and \$60,000 Between \$60,000 and \$80,000 Over \$80,000

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Are you living with a partner?: Yes No

Do you receive support from your partner (either financial or material) Yes No

If you answered YES to either of the questions above please indicate your partner's combined income by ticking the relevant box and attach the following to this application
1 An **income tax assessment** for the last financial year OR a **group certificate** AND 2 a recent **pay advice**

Less than \$40,000 Between \$40,000 and \$60,000 Between \$60,000 and \$80,000 Over \$80,000

Do you have dependent children? Yes No

If YES, please indicate the number of children and their ages: Number of Children

Age/s

Please provide a statement explaining your financial circumstances and outline how this Commonwealth Support Place would assist you:

Please note that this application will not be considered if financial information is incomplete or all supporting documentation is not provided.

5. DECLARATION AND SIGNATURE

Please sign and date this statement: I, (full name) declare that the information provided in this application is true and correct

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signed	Date			/ /

Scholarship applications must be received by close of business Friday two weeks prior to the start of the University Access Program. For start dates refer to www.uowcollege.edu.au

Please return this completed application and attached documentation to:

**UOW College
UAP CSP Applications**

Building 30
University of Wollongong
Northfields Avenue
WOLLONGONG 2522

UOW College attempts to ensure that the information contained in this form is correct at the time of printing (January 2017), however sections may be amended without notice by the College in response to changing circumstances or for any other reason. Applicants should check with the College at the time of application/enrolment whether any later information is available.

UOW College is trading a trading name UOWC Ltd ABN 14 105 312 329 UOWColleg CRICOS: 02723D. UOW CRICOS: 00102E