

Student 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

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 provide your student number

### 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			

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



# UAP COMMONWEALTH SUPPORTED PLACE APPLICATION FORM

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 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](http://www.uow.edu.au/about/privacy) or by calling 1300 367 869 (with Australia).

**Consent:** I understand that UOW College 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 College.

**Disclosure:** I authorise UOW College to disclose information related to any disability and/or illness to UOW Disability Services and UOW College Psychologist for the purposes of providing assistance and support.

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

