

2017

Direct application for VCE Advanced Studies Program

PROGRAM INFORMATION

FedUni Program Code: **XUV** Semester 1 Course Code:
Program Name: **VCE Advanced Studies Program** Semester 2 Course Code:

BIOGRAPHICAL DETAILS

PERSONAL DETAILS (Please print clearly using block letters)

Title: Mr Mrs Ms Miss Other _____

First Name: _____

Middle Names: _____

Family/Surname: _____

Previous Name (if applicable): _____

Date of Birth (dd/mm/yyyy): ____ / ____ / ____

Gender: Male Female Other

Country of Birth: _____

CONTACT INFORMATION

Mailing Address: _____

City/Suburb: _____ State: _____ Postcode: _____

Country (if not Australia): _____

Mobile Phone: _____ Home Phone: (____) _____

Email Address: _____

REGIONAL INFORMATION

CITIZENSHIP STATUS

Australian Citizen* New Zealand Citizen Permanent Resident of Australia**

Humanitarian Visa** Other (please specify) _____

* Certified copy of citizenship certificate to be attached to application if an Australian citizen born overseas

** Certified copy of passport and visa to be attached to application

Please note that your application will not be processed without the required documents.

Are you of Australian Aboriginal or Torres Strait Islander descent?

No Yes, Aboriginal descent Yes, Torres Strait Islander descent

Yes, both Aboriginal and Torres Strait Islander descent

PRIVACY

The information being sought in this form is collected for the purposes of processing your application and for the supply to you of education services. The information will be held by the University and may be accessed and used by people employed or engaged by the University. The information may be used or disclosed to others where required or authorised by law. The provision of the information is voluntary, but if the information is not provided the University may be unable to process your application or provide services to you. You have a right of access to, and correction of, your personal information, subject to any exceptions in relevant legislation. Please direct any enquiries you may have in relation to privacy to the University's Privacy Officer at privacyofficer@federation.edu.au or telephone (03) 5327 9506.

STUDENT DECLARATION AND APPROVAL

I understand that:

- The University is collecting the information on this form for the purposes of processing my application and for the supply of educational services, including for the purposes of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me;
- The University will disclose this information to the Department of Education for those purposes;
- The Department of Education will store the information securely in the higher Education Information Management System;
- The Department of Education may disclose the information to the Australian Taxation Office (ATO);
- Personal information about me may be disclosed by the University and the Department of Education to others where required or authorised by law;
- I declare that I have read the instructions and that all information submitted is correct and complete; and
- I acknowledge that the provision of incorrect information may result in the withdrawal by the University of any place which may be offered.

Signature:

Date:

PRINCIPAL/PRINCIPAL'S DELEGATE APPROVAL

I declare that this student has my permission to participate in the above program.

Full name:

Signature:

School:

PARENT/GUARDIAN PERMISSION

Parent/Guardian's Details:

Full Name:

Postal Address:

Phone number:

Email Address:

Parent/Guardian's Approval

I certify that my child/the applicant has my support and permission to participate in the above program at Federation University Australia.

Signature:

Form submission: please email this form to admissions@federation.edu.au