

APPLICATION FORM

1. PERSONAL DETAILS *(PLEASE USE BLOCK LETTERS)*

NAME Title Family Name Previous Family Name

Given Name/s

MAILING ADDRESS

No and Street

Suburb/Town

State

Postcode

Have you been enrolled in a Head Start Course previously?

No
 Yes

If Yes, please supply your USQ Student Number

DATE OF BIRTH (Compulsory)

Day

Month

Year

GENDER

M / F

HOME TELEPHONE NUMBER

()

MOBILE NUMBER

EMAIL ADDRESS *(this email will be used to make initial contact)*

2. ADMISSION STATISTICAL DETAILS *(tick one box only)*

Are you of Aboriginal or Torres Strait Islander origin?

For persons of both Aboriginal and Torres Strait Islander origin mark both "Yes" boxes.

Yes Aboriginal Yes, Torres Strait Islander No

Australian Citizen

New Zealand Citizen

Granted Australian permanent residence status

Granted Permanent Humanitarian Visa

Other

In what country were you born?

Year of arrival (if not born in Australia)?

Do you speak a language other than English at your permanent home residence?

No Yes

Language

Are you a boarder at your high school?

No Yes

SUPPORT SERVICES

Do you have a disability, impairment or long term medical condition that may affect your studies?

No Yes

If YES, please indicate the areas of impairment by placing a tick in the appropriate box

Hearing Learning
 Mobility Vision
 Medical Other

If YES, would you like to receive advice on support services, equipment and facilities which may assist?

No Yes

Early advice will assist USQ in preparing relevant services to help meet your needs.

3. PREFERRED COURSE

Toowoomba Springfield Fraser Coast Distance Education *(please tick preference)*

	Course Code <small>(e.g. ACC1101)</small>	Course Name <small>(e.g. Accounting for Decision Making)</small>	Course Mode <small>(e.g. On-campus, Distance Education)</small>	Semester <small>(e.g. 1, 2, 3)</small>
1				

4. DECLARATION

(Your application is unable to be considered if this declaration is not signed)

- (a) I agree to comply with the statutes, regulations and policies of the University of Southern Queensland.
- (b) The information I have supplied is accurate and complete.
- (c) I understand that if I supply inaccurate or incomplete information to USQ, USQ may cancel my enrolment.
- (d) I give permission for any person, government authority, educational institution, employer or previous employer to provide any information concerning my admission/enrolment and study program to USQ that USQ requests.
- (e) I give permission for USQ (University of Southern Queensland) to release my student results to the Principal and Coordinator of my school during the term of my study program at USQ. I understand that I can revoke this authority at any time by notifying USQ in writing.

USQ collects personal information to assist the University in providing tertiary education and related ancillary services and to be able to contact you regarding enrolment, assessment and associated USQ services. Personal information will not be disclosed to third parties without your consent unless required by law.

Student signature

Date

5. PERMISSIONS

Documentation required

- Please attach a copy of your latest Report Card.

Applicant signature

Date

Parent/Guardian

I accept the Head Start policies, including the provision of Internet access, and I agree to my son/daughter's involvement in the USQ Head Start program for the course listed or subsequently advised.

Parent/Guardian signature

Date

6. INTERNATIONAL STUDENTS

OVERSEAS No and Street

HOME ADDRESS

Suburb/Town

State

Postcode

Country

PARENT EMAIL ADDRESS *(This email will be used to inform you of key information to ensure the success of your child)*

Guardianship arrangements for international students (School Principal to confirm)

If an international student is under 18 years of age, the School Principal must confirm by signing below that all required guardianship arrangements have been, and will continue to be, monitored by the school.

School Principal signature

Date

7. SCHOOL APPROVAL (SCHOOL TO COMPLETE THIS SECTION)

Name of School

Year attending in 20

Yr 11

Yr 12

Learning Unique Identifier

Coordinator

Title

First Name

Last Name

Position

Telephone

Fax

Email

School Principal signature

Date