

APPLICATION FORM

1. PERSONAL DETAILS

NAME	Title	Family Name	Previous Family Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Given Name/s <input type="text"/>		
MAILING ADDRESS	No and Street <input type="text"/>		
	Suburb/Town	State	Postcode
	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH (Compulsory)	GENDER	EMAIL ADDRESS	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	
Day	Month	Year	M / F
HOME TELEPHONE NUMBER	MOBILE NUMBER		
(<input type="text"/>) <input type="text"/>	<input type="text"/>		

2. ADMISSION STATISTICAL DETAILS

<p>Are you of Aboriginal or Torres Strait Islander origin? For persons of both Aboriginal and Torres Strait Islander origin mark both "Yes" boxes.</p> <p><input type="checkbox"/> Yes Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No</p> <p><input type="checkbox"/> Australian Citizen</p> <p><input type="checkbox"/> New Zealand Citizen</p> <p><input type="checkbox"/> Granted Australian permanent residence status</p> <p><input type="checkbox"/> Granted Permanent Humanitarian Visa</p> <p><input type="checkbox"/> Other</p> <p>In what country were you born? <input type="text"/></p> <p>Year of arrival (if not born in Australia)? <input type="text"/></p>	<p>Do you speak a language other than English at your permanent home residence? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Language <input type="text"/></p> <p>Are you a boarder at your high school? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>SUPPORT SERVICES</p> <p>Do you have a disability, impairment or long term medical condition that may affect your studies? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If YES, please indicate the areas of impairment by placing a tick in the appropriate box</p> <table border="0"> <tr> <td><input type="checkbox"/> Hearing</td> <td><input type="checkbox"/> Learning</td> </tr> <tr> <td><input type="checkbox"/> Mobility</td> <td><input type="checkbox"/> Vision</td> </tr> <tr> <td><input type="checkbox"/> Medical</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>If YES, would you like to receive advice on support services, equipment and facilities which may assist? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><i>Early advice will assist USQ in preparing relevant services to help meet your needs.</i></p>	<input type="checkbox"/> Hearing	<input type="checkbox"/> Learning	<input type="checkbox"/> Mobility	<input type="checkbox"/> Vision	<input type="checkbox"/> Medical	<input type="checkbox"/> Other
<input type="checkbox"/> Hearing	<input type="checkbox"/> Learning						
<input type="checkbox"/> Mobility	<input type="checkbox"/> Vision						
<input type="checkbox"/> Medical	<input type="checkbox"/> Other						

3. 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

4. PERSONAL STATEMENT AND OTHER RELEVANT INFORMATION

Provide a brief statement outlining your reasons for applying to study as a Year 11/12 Accelerated Biomedical Science Student. Please attach additional information to be considered in conjunction with your application. In addition please attach relevant supporting documentation, for example, evidence of other academic or extra curricular achievements from year 10 and 11.

Statement of support (or provide as attachment)

Please tick the boxes that apply to you:

- Are you currently studying Chemistry, Biology and Maths B?
- Have you achieved B grades or better in Chemistry, Biology and Maths B?
- Did you achieve consistent B grades or better throughout year 10?
- Are you prepared to participate in scientific workshops outside of school hours?
- Do you have the time and commitment to take part in this course?
- Do you feel comfortable communicating socially and academically?
- Are you motivated and excited about the idea of getting prepared for University?

Applicant signature Date

Parent/Guardian

I agree to my son/daughter's involvement in the USQ ABMS program for the course listed or subsequently advised.

Parent/Guardian signature Date

5. SCHOOL APPROVAL

Name of School

School Coordinator

Please tick the boxes:

- Do you agree that this student has the skills (academic and social) to fulfil the requirements of this Program?
- Is your school willing to provide the student with the support required throughout the duration of the Accelerated Biomedical Science Program?

Telephone Fax Email

Student's Learning Unique Identifier (LUI)

School Principal name

School Principal signature Date

**OFFICE
USE
ONLY**

Course

USQ Student No.

Accept Reject

Mode: On-campus TWB

Student Group

Faculty Signature

Date