USQ UNIVERSITY OF SOUTHERN QUEENSLAND
fulfilling lives

UNIVERSITY OF SOUTHERN QUEENSLAND
ACCELERATED BIOMEDICAL SCIENCE PROGRAM (ABMS)

APPLICATION FORM

1. PERSONAL DETAILS

NAME Title | Family Name | Previous Family Name

Given Name/s

MAILING ADDRESS No and Street

Suburb/Town | State | Postcode

DATE OF BIRTH (Compulsory) Day Month Year

GENDER M / F

EMAIL ADDRESS

HOME TELEPHONE NUMBER ( )

MOBILE NUMBER

2. ADMISSION STATISTICAL DETAILS

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. 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: BIO1101 | CHE1110

USQ Student No. _____

Accept ☐ Reject ☐ Mode: Oncampus ✓ TWB ✓

Student Group: ABMS

Faculty Signature _____

Date _____

07-247