

2022

Direct Application Form Advance to University Program

Personal details (please print clearly and use block letters)

Title	Mr	Mrs	Ms	Miss	Other	Student VASS Number:	<input type="text"/>
First name	<input type="text"/>						
Middle name/s	<input type="text"/>						
Family/Surname	<input type="text"/>						
Previous Name (if applicable)	<input type="text"/>						
Date of birth	<input type="text"/>	Gender	Male	Female	Non-Binary/Other		
Country of birth	<input type="text"/>						

Contact information

Mailing address	<input type="text"/>						
Town/City	<input type="text"/>	Post Code	<input type="text"/>				
Country (if not Australia)	<input type="text"/>						
Email	<input type="text"/>						
Mobile Phone	<input type="text"/>	Home Phone	<input type="text"/>				

Regional information

Citizenship status	Australian Citizen *	New Zealand Citizen	Permanent Resident of Australia **	Humanitarian Visa **
Other (please specify)	<input type="text"/>			

* Copy of citizenship certificate to be attached to application if an Australian citizen born overseas.

** 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

Program information

I authorise Federation University to enrol me in the following courses:

Location attending:	Ballarat (including Melton & Wyndham regions)	Berwick	Gippsland
Semester One:	Course Code: <input type="text"/>	Course Name: <input type="text"/>	
Semester Two:	Course Code: <input type="text"/>	Course Name: <input type="text"/>	

I authorise Federation University to provide the final grades for each enrolled course above to my nominated school contact.

Privacy

The information being sought in this form is collected for the purposes of processing your application, and, if your application is successful, for the supply of education services.

The information gathered in this form, and in any subsequent selection interviews or referee checks, will be used by the University to determine your eligibility and suitability for admission into the program. The information may be disclosed to organisations outside the University, including the Education Department, nominated referees etc, in line with the information provided in this form. If this information is not provided, the University may be unable to process your application.

You have a right of access to, and correction of, your personal information in accordance with the University's Information Privacy Policy. You may also contact the University's Privacy Officer at privacy@federation.edu.au.

Applicant declaration

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.

Applicant signature

Date

Principal / Principal's Delegate approval

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

I declare that this student has completed or is concurrently completing the required prerequisite VCE studies for this course.

Full name:

Signature:

School:

School contact person (Fellow):

Contact number:

Contact email:

Parent / Guardian approval

Full name

Mailing address

Email

Mobile phone

Home phone

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

Signature

Date

Application submission

This form should be lodged via email: admissions@federation.edu.au.

The Federation University Admissions Office will acknowledge receipt of your application by email, once it has been processed.