Application Form for VET (TAFE) Programs



EMAIL info@federation.edu.au | CALL 1800 333 864 | WEB federation.edu.au

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Manager, Student Administration

Program Information					
www.federation.edu.au/future-students or Student Recruitment at info@federation Before completing this form, please check the application method, closing date extra requirements for your preferred program. This information can all be found www.federation.edu.au/programfinder	es, entry requirements and d at:				
Previous applications and/or enrolment	Notes:				
	Including: University of Ballarat; Ballarat Yes No Including: University College; Ballarat College of	at			
If yes, please state FedUni Student ID number (if known)	Advanced Education; School of Mines Industries, or Wimmera Institute of TAF				
Has your name changed since your last enrolment?	Yes No If Yes , you must provide documentary				
If yes, previous name:		evidence (Marriage Certificate, Deed Poll or Statutory Declaration) to support the change			
2. Diagraphical (payages) details					
2. Biographical (personal) details	hav				
Title					
	Your first legal given name				
Other name	Your other legal name				
Family name	Your legal family name/surname				
Date of birth	○ Male ○ Female				
Country of birth					
3. Home address	Please provide the physical address	of			
Building/Property	where you usually live – street numb	er			
Unit number Street nun	and name not post office box. Do n o provide any temporary address at w				
Street name	you reside for training, work or other				
Suburb/Town	purposes before returning to your hom If you are from a rural area use the adv				
State / Territory Post code	from your state or territory's 'rural prop	erty			
Telephone: Home	addressing' or 'numbering' system as residential street address.	your			
Telephone: Work	Preferred Please tick your preferred contact num	ber			
Telephone: Mobile	 Preferred Please provide the email address you 				
Email	check most regularly				
4. Mailing (postal) address	If different from your home address ab	ove			
Building/Property	<u></u>				
Unit number Street nun	nber				
Street name					
PO Box or Road Side Delivery (RSD) box number					
Suburb/Town					
State / Territory Post code					

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Authorised by:

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Application form for VET (TAFE) programs, continued...

5. Are y	ou of Ab	original	or Torres Strait	Islander ori	gin?		Notes:				
○ No					Please tick one box only						
	rres Strait Isla		O Yes , both Aborigin	nal and Torres Stra	it Islander						
		citizensh	nip status?				4				
Australian CitizenPermanent Humanitarian VisaNew Zealand CitizenPermanent Non-Humanitarian Visa					Overseas Resident Please tick one box only Permanent Visa Holder						
7. Post-	-seconda:	ry educa	tion								
List all academic qualification/s previously attempted or completed											
Year Year started completed Name of institution		Name of qualification				State	Successful completion?				
									○ Yes ○ No		
									○ Yes ○ No		
									○ Yes ○ No		
									○ Yes ○ No		
8. Prog	ram info	rmation									
First prefe	rence, progra	m name:					Year	of			
Second pre	eference, pro	gram name:					comr	nencement			
Students wi	th a disabilit	y or chronic	medical condition			iginal and Torres Str	-	-			
			ort services for ical condition.			s a genuine commitmer Reconciliation, Indigend					
Early contact	will help enab	le the Univers	sity to organize	Education Centre	e that provides ed	ucational, cultural and	personal suppor	t to Aborigin	al and Torres Strait		
appropriate services prior to the commencement of your program. For information and/or support please contact the							tions are considered				
Student Supp	ort Reception	on: 03 5327	9470.			involve an interview. Fose contact the Aborigina					
Privacy statement											
The information being sought in this form is collected for the purpose of processing your application. The information will be held by the University and may be accessed											
and used by people employed or engaged by the University in the delivery of services to you. The information may be used or disclosed to organisations outside the University where permitted by relevant Privacy Legislation. The provisions of the information is voluntary, but if this information is not provided, the University may be unable to process your enrolment. You have a right of access to, and correction of, your personal information in accordance with Privacy Legislation and the University's Information Privacy Policy. Please direct any enquires you may have in relation to this matter to the University's Privacy Officer, telephone (03 5327 9021).											
	nt's decla		any onquires you may	nave in relation to	unis matter to the	oniversity 3 i rivacy on	icer, telepriorie (00 0027 00	21).		
I declare the	at all informati	on submitted	is correct and complete			21 6 1 11 11	. "				
I acknowledge that the provision of incorrect information may result in the withdrawal by the University of any place that may be offered. Applicant's											
Signature	3						Date	D / M	M / Y Y Y Y		
Please return this completed application form by mail or email to the				Office Us	e Only						
following addresses. Alternatively, deliver it in person to the Administration Centre, SMB Campus or Horsham Campus.		Application Centre:		Admit Type:	eg. DOM						
Administration Centre – Ballarat			FedUni (Direct application)		Admit Term: eg.1401						
Email: student.admin@federation.edu.au Or mail to: Student Administration, SMB Campus			National Program ID:								
Or mail to:	Federation U	Iniversity Aus	tralia								
PO Box 668 BALLARAT VIC 3353 Telephone: 1800 333 864				Data entry by							
	tion Centre –				(please print name)						
Email:		nin@federati	on.edu.au								
Or mail to:		ninistration, H Iniversity Aus	lorsham Campus tralia		Please tick	SchoolStudent Admin	Date	D / M N	, y y y y		
Tolombere	PO Box 300	HORSHAM			Applicant ID	Ottadont Admilli					
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