

EXTENSION STUDIES APPLICATION FORM



Please visit: flinders.edu.au/extension and read carefully before completing this application

1. APPLICANT DETAILS

Family Name: _____

First Name: _____ Middle Name: _____

Preferred First Name: _____

Date of Birth (DD/MM/YY): / / Gender: Male Female

2. CONTACT DETAILS

Permanent Home Address:

Address: _____

Suburb/Town: _____

State: _____ Postcode: _____

Email address: _____

Email type: Home School

Home telephone number: _____

Parent/Guardian contact details:

(If address details are the same please write SAME)

Name: _____

Address: _____

Suburb/Town: _____

State: _____ Postcode: _____

Parent/Guardian work/
mobile telephone number: _____

3. APPLICANT BACKGROUND

Are you an Aboriginal or Torres Strait Islander?: YES NO

Are you from a non English-speaking background? YES NO

What is the main language spoken in your place of residence? _____

Do you have a disability, impairment, or medical condition, which may affect your studies? YES NO

If yes, please indicate the areas of impairment:

Hearing Learning Mobility Vision Medical Vision

4. CITIZENSHIP STATUS

Are you an Australian citizen? (if yes continue to Section 5) YES NO

Are you a New Zealand citizen? (if yes continue to Section 5) YES NO

Have you been granted a permanent humanitarian visa in Australia? YES NO

Have you been granted permanent residency (other than a permanent humanitarian visa in Australia)? YES NO

Are you an international student? YES NO

If yes, please confirm your overseas address: _____

Please confirm your visa subclass number:

Year of entry to Australia (if applicable): _____

Date residency granted (if applicable): _____

Country of birth: _____ Passport No. _____

I authorise the University to check my visa status and study entitlements with the Department of Immigration and Border Protection (via Visa Entitlement Verification Online (VEVO) Services) YES

5. YOUR SCHOOL AND STUDY

School name: _____

School address: _____ Postcode: _____

What year level will you be in at school whilst participating in Extension Studies?: _____

Subjects studied/proposed to be studied at Year 11/Year 12: _____

6. PROPOSED UNIVERSITY STUDY

Please list the topic you wish to undertake:

Topic No.	Topic Name	Semester

7. APPLICANT DECLARATION

I understand that I will be enrolled in university study as a secondary school student, that additional fees may apply, and that academic and pastoral support will be provided by my school. I understand that the University offers a fully adult learning environment and I accept any risks that may be involved in my participation in the **University Extension Studies Program**.

I authorise Flinders University to release to other educational institutions details of my enrolment and academic record. I understand that Flinders University may disclose the personal information provided in this application to the Department of Education and that the Department of Education will collect and store my personal information in the Higher Education Information Management System.

I declare that, to the best of my knowledge, the information provided by me is true and complete.

I acknowledge that the University may reverse any decision regarding the award of my position in the **University Extension Studies Program** on the basis that I have provided incorrect information.

Applicant's signature: _____ Date: / /

8. PARENT/GUARDIAN DECLARATION

Universities offer a fully adult learning environment and, while there are many support services, universities do not take on the same responsibilities of care that schools assume under the Teachers' Registration and Standards Act and other legislation. Universities rely upon the student's parents/guardians and school to make a judgment as to whether the student will adapt to part-time involvement in university life and for the parents/guardians to explicitly accept any risks that may be involved in participation in the **University Extension Studies Program**.

I understand that my child will be enrolled in university study as a secondary school student, and that additional fees may apply, that academic and that pastoral support will be provided by the home school. I understand that the University offers a fully adult learning environment. I accept any risks that may be involved in my child's participation in the **University Extension Studies Program**.

I authorise Flinders University to release to other educational institutions details of my child's enrolment and academic record.

I understand that Flinders University may disclose the personal information provided in this application to the Department of Education and that the Department of Education will collect and store my personal information in the Higher Education Information Management System.

The *Broadcasting Services Amendment (on-Line Services) Act 1999*, states that "on-line accounts are not provided to children without the permission of a parent or responsible adult" and defines children as being under 18 years of age.

To ensure compliance with this Act the University needs to restrict general Internet access by those students who are not yet 18 years of age. Such restrictions may be lifted with the consent of a parent or a responsible adult.

I being the parent, guardian or person responsible for the wellbeing of the student named in this application hereby give my consent for the opening of an Internet Access Account for the student's use in their university studies. I am aware that in doing so this student will have unrestricted access to the Internet through facilities and services offered by Flinders University.

I give my approval for my child named in this application to enrol as a non-award student at Flinders University.

Parent/Guardian's signature: _____ Date: / /

9. SCHOOL'S DECLARATION (TO BE COMPLETED BY SCHOOL)

Contact Name: _____ Position: _____

Phone: _____ Email: _____

I declare that the student named in this application:

- is a self-motivated learner
- has been selected by the school as a student who has achieved results above average in the subject selected for University study (or related subjects) or has been identified as having the academic potential to successfully undertake this subject
- has completed the necessary prerequisites and checked these with the counsellor/school teacher.
- will be academically and pastorally supported by a nominated member of my staff throughout his/her university study during Extension Studies.

School Principal/Delegate's signature: _____ Date: / /

APPLICATION RETURN

Student Recruitment

Att: Flinders University Extension Studies Program
Flinders University
GPO Box 2100
Adelaide SA 5001

Or by email: extension.studies@flinders.edu.au

FURTHER INFORMATION

For further details please contact:

Phone: (08) 8201 5322
Email: extension.studies@flinders.edu.au
Web: flinders.edu.au/extension

PROTECTING APPLICANTS' PRIVACY

Flinders University collects, stores and uses personal information only for the purposes of administering student and prospective student admissions, enrolment and education. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements.

