Instruction sheet

Higher Education Studies make available first year higher education studies drawn from bachelor degrees through both universities and TAFE. These are studies that are an extension of VCE studies or comprise curriculum not offered in any VCE studies.

The higher education study will contribute to satisfactory completion of the VCE as an unscored Units 3 and 4 sequence and may count towards the student’s ATAR as a fifth of sixth study.

Please follow these four steps to complete and submit your application.

APPLICATION CHECKLIST

[ ] Step 1: Choose your Higher Education Studies units
[ ] Step 2: Complete the application form including Principal and Parental Endorsement (Section E)
[ ] Step 3: Submit the application form
[ ] Step 4: Accept the offer

STEP 1: CHOOSE YOUR HIGHER EDUCATION STUDIES COURSE

To help choose the units you wish to apply for:

■ Search for units on Swinburne’s Higher Education Studies website [www.swinburne.edu.au/highereducationstudies](http://www.swinburne.edu.au/highereducationstudies)

STEP 2: COMPLETE THE APPLICATION FORM INCLUDING PRINCIPAL AND PARENTAL ENDORSEMENT

Complete all questions, sign and date the application form. Please use BLOCK LETTERS and tick ✓ the appropriate boxes

Nominations must be completed by Principal (as required by Victorian Curriculum Assessment Authority). Alternatively, the Senior Coordinator or Careers Practitioner may complete this section, however a Principal’s endorsement and signature is required.

STEP 3: SUBMIT THE APPLICATION FORM

Return the completed form and all supporting documentation to:

By email
enrol@swin.edu.au
(Attach scanned documents)

Postal Address
Swinburne University of Technology
PO Box 218
HAWTHORN VIC 3122
Australia

In person
Any Swinburne Student Information Centre
Hours of operation: 9am to 5pm
(Note: photocopy facilities are NOT available at the Student Information Centre)

Details of closing dates for applications can be found on [www.swinburne.edu.au/highereducationstudies](http://www.swinburne.edu.au/highereducationstudies)

Acknowledgement of application
Swinburne will acknowledge receipt of your application. We may also contact you for further details or clarification of your application.

STEP 4: ACCEPT THE OFFER

If your application is successful, Swinburne will send you a letter of offer. You are then asked to accept this offer by email at enrol@swin.edu.au

DO NOT INCLUDE THIS INSTRUCTION SHEET WITH YOUR APPLICATION
**SECTION A: UNIT PREFERENCE**

Provide details of your preferred units of study. Refer to the Swinburne Higher Education Studies website ([www.swinburne.edu.au/highereducationstudies](http://www.swinburne.edu.au/highereducationstudies)) for all course details including availability, unit code, delivery mode and study mode.

<table>
<thead>
<tr>
<th>Preference</th>
<th>Unit code</th>
<th>Unit name</th>
<th>Delivery mode</th>
<th>Campus</th>
<th>Study mode</th>
<th>Start date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web Develop</td>
<td>HIT1091E</td>
<td>Web Development</td>
<td>On-campus</td>
<td>Hawthorn</td>
<td>Part-time</td>
<td>Feb 2013</td>
</tr>
</tbody>
</table>

1.

2.

3.

**SECTION B: PREVIOUS ENROLMENT OR APPLICATIONS**

1. Have you previously enrolled at Swinburne?  
   - [ ] Yes (see below)  
   - [ ] No

   If yes, please state your Swinburne student ID number: 

2. Have you applied for a Swinburne course in the past 12 months?  
   - [ ] Yes  
   - [ ] No

**SECTION C: PERSONAL DETAILS**

1. **PERSONAL INFORMATION**

   - Date of Birth: DD / MM / YY  
   - Gender: [ ] Female  
   - [ ] Male

   - Title: (Mr, Mrs, Miss, Ms)

   - Family Name/Surname

   - Given Names

   - Previous Name(s) (If relevant)

2. **GOVERNMENT STUDENT NUMBERS**

   - Victorian Student Number

   *This is your Victorian Government supplied student number. Leave blank if not known*

3. **CONTACT INFORMATION**

   - Home telephone number

   - Mobile telephone number

   - Email address
### 4. POSTAL ADDRESS

<table>
<thead>
<tr>
<th>Number and street</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Town/Suburb</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
</tbody>
</table>

| Postcode |  |

### 5. HOME ADDRESS

- **Same as above (Please tick)**  
  - Yes  
  - No (if No, complete details below)

<table>
<thead>
<tr>
<th>Number and street</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Town/Suburb</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
</tbody>
</table>

| Postcode |  |

### 6. CITIZENSHIP

**Please tick one of the following.**

- Australia  
  - Australian citizen (includes Australian citizens with dual citizenships)
- New Zealand  
  - New Zealand citizen  
  - New Zealand citizen with Australian permanent residency
- Other countries  
  - Citizen of country other than Australia or New Zealand with Australian permanent residency

<table>
<thead>
<tr>
<th>Country of citizenship</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Visa sub-class number (from your passport)</td>
<td></td>
</tr>
<tr>
<td>Type of visa (if known)</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** If you are a citizen of a country other than Australia or New Zealand without Australian permanent residency, you are not eligible to complete this form.

### 7. COUNTRY OF BIRTH

- **Were you born in Australia?**  
  - Yes  
  - No (see below)

- **If no, what is your country of birth?**  

- **Year of arrival in Australia**  

### 8. ARE YOU OF AUSTRALIAN ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT?

- **No**  
- Yes, Aboriginal descent  
- Yes, Torres Strait Islander descent  
- Yes, Aboriginal and Torres Strait Islander descent

### 9. IS ENGLISH YOUR FIRST LANGUAGE?

- **Yes**  
- No (see below)

- **If no, what language is spoken at home?**  

### 10. DO YOU HAVE A DISABILITY, IMPAIRMENT OR LONG TERM MEDICAL CONDITION?

Providing information about a disability will not disadvantage your application. This information is collected to ensure that the University provides appropriate information on the support services available to students. This information is also collected for statistical and planning purposes.

- **No (proceed to Section D)**
- **Yes (please tick one or more of the following):**  
  - Hearing/Deaf  
  - Intellectual  
  - Mobility  
  - Learning  
  - Acquired Brain Impairment  
  - Visual  
  - Physical  
  - Mental Illness  
  - Medical Condition

- **Other (please specify)...............................................

If you answered yes to this question, you may wish to contact the **Disability Support Service** for further information concerning the support services available on +61 3 9210 1181 (TAFE) or +61 3 9214 8500 (Higher Education) or visit the website [www.swinburne.edu.au/stuserv/disability](http://www.swinburne.edu.au/stuserv/disability)
SECTION D: ACADEMIC BACKGROUND

1. SECONDARY EDUCATION

(a) What is the highest level of secondary studies you have completed or attempted? (please tick)

- VCE
- HSC
- International Baccalaureate IB
- VCAL
- Year 11
- Year 10
- Other (please specify) .................................................................

(b) Details of current Secondary School enrolment

<table>
<thead>
<tr>
<th>Year</th>
<th>Name of School</th>
<th>State</th>
<th>Country</th>
<th>Student number (if known)</th>
</tr>
</thead>
</table>

(c) VCE Studies

Subjects studied in 2012/Year 11 (please indicate if units 1 and 2 or units 3 and 4 were taken)

- History (20th century) units 1 and 2
- Mathematical methods units 3 and 4

1.
2.
3.
4.
5.
6.

Subjects to be studied in 2013/Year 12 (excluding university study)

1.
2.
3.
4.
5.
6.

I will have completed at least five VCE studies (units 3 and 4) by the end of my VCE

- Yes
- No

SECTION E: PRINCIPAL AND PARENTAL ENDORSEMENT

1. SCHOOL DETAILS AND DECLARATION

Name of School: .................................................................

Name of Principal (or nominated representative): .................................................................

Supporting Statement (or as an attachment)

........................................................................................................

........................................................................................................

........................................................................................................

........................................................................................................

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........................................................................................................

Continued over
I confirm that:

- I have checked the students' eligibility including all subject prerequisites (refer to www.swinburne.edu.au/highereducationstudies)
- On the basis of the above, and noting the required program entry standards, I can recommend the students for their preferred Swinburne higher education studies program(s)

Principal Signature: .................................................................

Contact Details: .................................................................................................................................

Email address: .................................................................................................................................

Work telephone number: ..................................................................................................................

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**2. PARENTAL / GUARDIAN PERMISSION**

As parent or guardian, I authorise my son/daughter to participate in the above program

Name of Parent/Guardian: ................................................................................................................

Relationship: ..................................................................................................................................

Parent / Guardian Signature: ..............................................................................................................

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**SECTION F: APPLICANT’S DECLARATION**

I declare to the best of my knowledge the information entered on this form is correct and complete.

I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my academic or employment records or citizenship status may result in the withdrawal by the University of a place which may be offered, and that this withdrawal may take place at any stage during the course I undertake.

I understand that:

- My information may be disclosed to relevant government agencies and bodies (eg: DEEWR, Office of Skills Victoria) and in some cases other non-government bodies, agencies or other third parties to enable Swinburne to confirm my identity, eligibility to government support, to verify my entitlement to become an enrolled student and to otherwise progress my application.
- Confirmation of study and results from previous or current study for the purpose of determining eligibility may be undertaken.
- Swinburne collects, stores and uses personal information in accordance with Swinburne’s Privacy Policy which can be accessed at: www.swinburne.edu.au/corporate/registrar/ppd/docs/Privacy.pdf
- The University will correspond with me by electronic means.

Signature of Applicant: ....................................................................................................................

Date: mm/dd/yyyy

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Please refer to the checklist at the beginning of this document to ensure you have completed this form correctly and that you submit all required supporting documentation.

**By email**

enrol@swin.edu.au

(Attach scanned documents)

**By post**

Recruitment

Admissions (H5)

Swinburne University of Technology

PO Box 218

HAWTHORN VIC 3122

**In person**

Any Swinburne Student Information Centre

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