Instruction sheet

Higher Education Studies in the VCE gives high-achieving secondary school students the chance to study first-year university units while completing Year 12. Students will receive credit for the units studied upon enrolment in a relevant bachelor degree at Swinburne.

Successful completion of Higher Education Studies also contributes towards the calculation of the ATAR via an increment (if taken as a fifth or sixth study). Students who successfully complete a Higher Education study have the title of the study, the year of enrolment and the Higher Education institution name reported on their VCE Statement of Results.

Please follow these five 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: Attach all Year 11 and/or Year 12 results
☐ Step 4: Submit the application form
☐ Step 5: Accept the offer

STEP 1: CHOOSE YOUR HIGHER EDUCATION STUDIES UNITS

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

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: ATTACH ALL YEAR 11 AND/OR YEAR 12 RESULTS

Applicants must include a copy of all Year 11 and/or Year 12 subjects attempted and corresponding results.

STEP 4: SUBMIT THE APPLICATION FORM

Return the completed form and all supporting documentation to:

By email: domadmit@swin.edu.au

By post:
- National Admissions (H5)
- Swinburne University of Technology
- PO Box 218
- HAWTHORN VIC 3122
- Australia

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

Closing date: Second Friday in February

Acknowledgement of application

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

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) 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>1.</td>
<td>PHY10001</td>
<td>Energy &amp; Motion</td>
<td>On-campus</td>
<td>Hawthorn</td>
<td>Part-time</td>
<td>Feb 2016</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>
<tr>
<td>Postcode</td>
<td></td>
</tr>
</tbody>
</table>

### 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>
<tr>
<td>Postcode</td>
<td></td>
</tr>
</tbody>
</table>

### 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

Country of citizenship  

<table>
<thead>
<tr>
<th>Visa sub-class number (from your passport)</th>
<th></th>
</tr>
</thead>
<tbody>
<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?  

<table>
<thead>
<tr>
<th>Year of arrival in Australia</th>
<th></th>
</tr>
</thead>
</table>

### 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, LONG TERM MEDICAL CONDITION OR CARER RESPONSIBILITIES?

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 Academic Background)

- Yes (please tick one or more of the following):
  - Hearing
  - Intellectual
  - Developmental
  - Neurological
  - Acquired Brain Impairment
  - Visual
  - Physical
  - Mental Health
  - Medical
  - Speech Communication

If you answered yes to this question, you may wish to contact the AccessAbility Service for further information concerning the support services available on +61 3 9214 8483 or visit the website [www.swinburne.edu.au/accessability](http://www.swinburne.edu.au/accessability)
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 Year 11 and/or Year 12 (if applicable). You must also include a copy of all Year 11 and/or Year 12 subjects attempted and corresponding results.

| 1. | History (20th century) units 1 and 2 |
| 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

Have you previously been excluded or suspended from Swinburne or any other educational institution for academic or non-academic reasons?

- Yes
- No

If yes, institution and reason: ............................................................................................................................

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)

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

Continued over
I confirm that:

- I have checked the student’s eligibility including all subject prerequisites (refer to [www.swinburne.edu.au/highereducationstudies](http://www.swinburne.edu.au/highereducationstudies))
- On the basis of the above, and noting the required program entry standards, I can recommend the student 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/disclaimer/privacy](http://www.swinburne.edu.au/disclaimer/privacy)
- The University will correspond with me by electronic means.

Signature of applicant: .................................................................................. Date: 2 2 / 2 0 2 3

Signature: ................................................................................................. Date: 2 2 / 2 0 2 3

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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.

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