



This form should be used when applying for the study of LGC500, the Graduate Certificate in Learning & Teaching (Higher Education).

Details of the program can be found on the Swinburne Professional Learning website www.swinburne.edu.au/spl/pd/gradCert.html and <http://courses.swinburne.edu.au/subjects>

Applications for exemption or recognition of prior learning must be submitted upon first enrolment and will be considered by the Courses Committee.

There are currently no credit transfer arrangements for the program.

APPLICATION PROCESS

Step 1: Complete all questions, sign and date the application form. Please use BLOCK LETTERS and tick ✓ the appropriate boxes.

Step 2: Gather supporting documentation

Please note that it is a Government requirement that proof of name and citizenship be provided by all people applying for undergraduate and postgraduate study.

Ensure that you attach **certified copies** of proof of name and citizenship. Non Swinburne staff must attach certified copies of all required university results or transcripts and graduation certificates.

Supporting documentation must be certified as a true and correct copy of the original by either the issuing body or by those people qualified to accept a statutory declaration e.g. police, chemists, doctors, accountants. They must include an original signature, the name, address and title of the person signing, and an appropriate registration number.

- Do not submit original documents.
- Photocopies of previously certified documents are not acceptable.
- Please provide translations of supporting documentation if original documents are in a language other than English.
- The University accepts no responsibility for documents submitted.

Step 3: Return the completed form and all supporting documentation to:

Postal Address

Swinburne Professional Learning (Internal mail H63)
Swinburne University of Technology
PO Box 218
Hawthorn VIC 3122

In person

Swinburne Professional Learning
BA905
Hawthorn campus
Angela Nicolettou 9214 4539
Juliet Eardley 9214 8064

All applications must be submitted by the application closing date per the SPL website www.swinburne.edu.au/spl/pd/gradCert.html

Step 4: Applications and enrolment will be ratified by the Courses Committee. Enrolment will be confirmed with applicants by email, included will be information about key dates for workshops and assessment

Important Note: Swinburne Professional Learning does not use the Allocate+ system. Unit activity dates and times are determined by the Program Coordinator. Withdrawals must be lodged with the Swinburne Professional Learning Administrative Officer prior to Census Date for the Unit of Study.

APPLICATION CHECKLIST

- Complete and sign application form
- Gather supporting documentation
- Obtain endorsement from Program Coordinator or Head of Academic Group
- Obtain endorsement from Deputy Dean
- Submit application form and supporting documentation to Swinburne Professional Learning by application closing date

Application and Enrolment Form to undertake

Postgraduate study with Swinburne Professional Learning

SECTION A: PREVIOUS APPLICATION/ENROLMENT AT SWINBURNE

Have you applied or enrolled at Swinburne University/TAFE previously? Yes (see below) No (proceed to Section B)

If yes, please state (a) Swinburne student ID number

(b) Course name: _____

(c) Last year of study at Swinburne

SECTION B: PERSONAL DETAILS

1. Personal Information

Title (Dr, Mr, Mrs, Ms):

Surname/Family Name:

First Given Name:

Second Given Name:

Do you prefer to use your family name first? Yes No

Date of Birth (dd/mm/yyyy) / /

Gender Female Male

2. Contact Information

Home Telephone Number:

Preferred Daytime Contact Number:
(if different to Home Phone Number)

Mobile Telephone Number:

Email address: (please print clearly) _____

3. Postal Address

Number and Street:

Suburb:

State: Postcode:

Country:

4. Home Address

Same as above (Please tick) Yes No (please complete below)

Number and Street:

Suburb:

State: Postcode:

Country:

5. 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

Visa sub-class number (from your passport)

Type of visa (if known)

6. Country of birth

Were you born in Australia? Yes No (please complete below)

If no, what is your country of birth?

Year of arrival in Australia

7. Are you of Aboriginal or Torres Strait Islander descent?

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

8. Is English your first language?

- Yes No (please complete below)

If no, what language is spoken at home?

9. Do you have a disability, impairment or long term medical condition?

Providing information about 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 C)
- 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

SECTION C: EDUCATION

1. List any studies you have completed and qualifications obtained at University or other post-secondary institution

NB: Swinburne staff do NOT need to supply supporting documentation relating to studies and qualifications.

Year started	Year completed or ceased	Institution	Title of Course	Completed Yes/No

All non Swinburne applicants are to submit the following documents:

- (a) a certified copy of all transcripts of results
 (b) proof of completion of academic qualifications

2. Have you had any previous higher education teaching experience? Yes No

3. If YES, please provide a brief outline.

SECTION D: ENDORSEMENT OF APPLICATION

1. Nature of employment at Swinburne Full-time Part-time Sessional

2. Name of Academic Faculty / Department _____

3. List title and code of units you will be teaching in the semester of study.

Note: Having a teaching load during study is a requirement of enrolment

4. Endorsement of application from Faculty Program Coordinator or Head of Academic Group.

Note: This must be obtained before endorsement of Deputy Dean

Signature _____ Date ____/____/____ (dd / mm / yyyy)

Name _____

5. Endorsement of application from Deputy Dean

Signature _____ Date ____/____/____ (dd / mm / yyyy)

Name _____

If applicant is not from Higher Education, please specify the endorser's position

SECTION E: 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:

- The Dean and Human Resources will be informed of my enrolment, completion and result of units in the Graduate Certificate in Learning & Teaching (Higher Education).
- 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: ____/____/____ (dd / mm / yyyy)

OFFICE USE ONLY	SELECTION OUTCOME
Application received: ____/____/____	<input type="checkbox"/> Application ratified by Courses Committee.
Application receipted: ____/____/____	Signatures: _____ Signatures: _____
Application entered on system ____/____/____	Date: ____/____/____ Date: ____/____/____
Reason: _____	<input type="checkbox"/> Application unsuccessful Date: ____/____/____