



# TAFE Application Form

How did you hear about Swinburne courses?

- |   |   |
|---|---|
| <input type="checkbox"/> AAC Aust Apprenticeship Centre | <input type="checkbox"/> Radio              |
| <input type="checkbox"/> Billboards                     | <input type="checkbox"/> Skills Store       |
| <input type="checkbox"/> Cinema/TV                      | <input type="checkbox"/> Student Referral   |
| <input type="checkbox"/> Coursefinder                   | <input type="checkbox"/> Swinburne brochure |
| <input type="checkbox"/> Employer                       | <input type="checkbox"/> The Age            |
| <input type="checkbox"/> Herald Sun                     | <input type="checkbox"/> VTAC               |
| <input type="checkbox"/> Mail drop                      | <input type="checkbox"/> Website            |
| <input type="checkbox"/> Newspaper                      | <input type="checkbox"/> Word of Mouth      |
| <input type="checkbox"/> Open day                       | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Previous Student               |   |

## PART 1 – Your Personal Details

**Title:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**House No & Street Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

**Work or Other Contact Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Email Address:**  
*(Please enter only ONE email address)* \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Gender:**  Female  Male

## PART 2 – Course and Study Preferences

Please select the course you would like and enter details into the course preference box below.

You can check course details on Coursefinder at: <http://courses.swinburne.edu.au/>

Please ensure that the correct Course Code and Title is entered and please select at least one course preference.

Course Details		
<b>Preference 1</b>	Code:	Title:
Study Mode Preference	<input type="checkbox"/> Apprentice/Trainee <input type="checkbox"/> Flexible Delivery <input type="checkbox"/> Full Time	<input type="checkbox"/> Online <input type="checkbox"/> Part Time Day <input type="checkbox"/> Part Time Evening
Campus Preference	<input type="checkbox"/> Croydon <input type="checkbox"/> Distance Venue <input type="checkbox"/> Flexible Delivery <input type="checkbox"/> Hawthorn <input type="checkbox"/> Healesville	<input type="checkbox"/> Lilydale <input type="checkbox"/> Online <input type="checkbox"/> Prahran <input type="checkbox"/> Wantirna <input type="checkbox"/> Workplace/Enterprise
<b>Preference 2</b>	Code:	Title:
Study Mode Preference	<input type="checkbox"/> Apprentice/Trainee <input type="checkbox"/> Flexible Delivery <input type="checkbox"/> Full Time	<input type="checkbox"/> Online <input type="checkbox"/> Part Time Day <input type="checkbox"/> Part Time Evening
Campus Preference	<input type="checkbox"/> Croydon <input type="checkbox"/> Distance Venue <input type="checkbox"/> Flexible Delivery <input type="checkbox"/> Hawthorn <input type="checkbox"/> Healesville	<input type="checkbox"/> Lilydale <input type="checkbox"/> Online <input type="checkbox"/> Prahran <input type="checkbox"/> Wantirna <input type="checkbox"/> Workplace/Enterprise
<b>Preference 3</b>	Code:	Title:
Study Mode Preference	<input type="checkbox"/> Apprentice/Trainee <input type="checkbox"/> Flexible Delivery <input type="checkbox"/> Full Time	<input type="checkbox"/> Online <input type="checkbox"/> Part Time Day <input type="checkbox"/> Part Time Evening
Campus Preference	<input type="checkbox"/> Croydon <input type="checkbox"/> Distance Venue <input type="checkbox"/> Flexible Delivery <input type="checkbox"/> Hawthorn <input type="checkbox"/> Healesville	<input type="checkbox"/> Lilydale <input type="checkbox"/> Online <input type="checkbox"/> Prahran <input type="checkbox"/> Wantirna <input type="checkbox"/> Workplace/Enterprise

## PART 3 – Education and Training

### SECTION A

Have you been previously enrolled as a student in any course at Swinburne?

Yes  No

If yes, please state your Student ID number.

Have you studied part of your selected course(s) at another TAFE?

Yes  No

Have you applied through VTAC for your selected course(s)?

Yes  No

Are you completing Year 12 VCE this year?

Yes  No

Are you completing Year 11 VCE this year?

Yes  No

If your answer to the last two questions is NO, please complete Section B on the following page.

### SECTION B

What is your highest COMPLETED secondary school level?

\_\_\_\_\_

In what year did you complete the above?

\_\_\_\_\_

Have you successfully completed any tertiary qualifications?

Yes  No

Please select qualification from list. *(Select more than one if required.)*

- Bach/Degree or Higher Degree
- Adv. Diploma or Assoc. Degree
- Diploma or Assoc. Diploma
- Cert. IV or Adv. Cert/Technician
- Cert. III or Trade Certificate
- Certificate II
- Certificate I
- Certificate other than above

## PART 4 – Details of Work or Voluntary Experience

DURATION	EMPLOYER	POSITION

## PART 5 – Please explain why you want to do the course


## PART 6 – Additional Information

Applicants who fall into one of the following categories may want to seek assistance with their studies. To do this, tick the appropriate box below.

- Student with Disability
- Deaf or Hearing Impaired
- Aboriginal or Torres Strait Islander

**Resident Status – please tick relevant box below:**

- Australian Resident/Citizen living in Australia
- Australian Resident/Citizen living overseas

### **Applicant's Declaration**

I declare that to the best of my knowledge the information above is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my academic record may result in the withdrawing 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 also acknowledge that completing this form does not guarantee a place at Swinburne and that enrolments will depend on the number of vacancies available.

Please write your full name and sign below as confirmation of the above declaration.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **PART 7 – Supporting Documentation**

If you wish to submit copies of any documents you think will be useful in assessing this application, ie course results, references, work history, etc, please attach to this application and send to:

### **By mail:**

Strategic and Business Development  
Swinburne University of Technology TAFE  
Mail No 48  
369 Stud Road  
Wantirna 3152

### **By fax:**

03 9837 5479

### **IMPORTANT NOTE:**

You will receive confirmation of your application within fourteen days. If you do not receive confirmation, please let us know by emailing us at [TAFEapplicform@swin.edu.au](mailto:TAFEapplicform@swin.edu.au).

You will also be contacted should further information be required.

Swinburne University of Technology collects, uses and destroys personal information in accordance with our Privacy Policy. The Privacy Statement can be viewed at <http://www.swin.edu.au/privacy>. Enquiries relating to information included on this form should be directed to the administering department or school.