



SWINBURNE
UNIVERSITY OF
TECHNOLOGY
TAFE

TAFE SUPPLEMENTARY APPLICATION FORM

(This form is for full time places in TAFE courses for which application has been made through VTAC).



STUDENT NAME

Name

VTAC AND COURSE DETAILS

VTAC Application No:

TAFE Institute:

Course Name:

VTAC Course Code:

RETURNING THIS FORM

THIS FORM MUST NOT BE SENT TO VTAC.

Applicants must write 'Supplementary Application Form' and the VTAC Course Code for which the applicant is applying on the UPPER-LEFT HAND CORNER OF THE ENVELOPE, and send to the address below:

SWINBURNE UNIVERSITY OF TECHNOLOGY
TAFE Division
School of Engineering
Computer Science Selection Officer
PO Box 218
Mail No. H27
HAWTHORN VIC 3122

IMPORTANT INFORMATION

Use this form ONLY to supplement a Victorian Tertiary Admissions Centre (VTAC) application and only where Special Requirements of the course require it (check VTAC Guide).

Check the VTAC Guide for closing dates for submission of this form.

You cannot submit this form unless you have also completed a VTAC Application form.

COMPLETE ALL QUESTIONS

VTAC Application No: _____

CONTACT DETAILS

Tick one box	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
Surname/Family Name	_____		
First given Name	_____	Second Given Name	_____
Former Surname <small>(Please provide proof of change of name)</small>	_____		
Birth Date	_____	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Notification Address	_____		
	State	_____	Post Code
Telephone	Home	_____	Bus. or Mobile
E-mail address	_____		
Permanent Home Address	_____		
<small>(If different from Notification Address)</small>	State	_____	Post Code

CONSIDERATION FOR SPECIAL ENTRY

By answering the following questions you assist us in planning and providing courses and services in a fair and effective manner. You may be required to attend an interview or provide documentation to support your consideration for Special Entry. Please tick the box where appropriate, if you wish to apply for Special Entry consideration.

- i. Do you speak a language other than English at home and/or where you born in non-English speaking country? Yes No
- ii. Are you a sole supporting single parent? Yes No
- iii. Are you an Aborigine or Torres Strait Islander? Yes No
- iv. Have you been unemployed for the past 12 months? Yes No
- v. Do you live in a non-urban area more than 20km from the provider of this course? Yes No
- vi. Do you have a disability? (Including sensory, physical, cognitive or learning impaired, medical condition, or psychiatric condition). Yes No

EDUCATION AND TRAINING

PART A

- i. Are you completing VCE in 2007? Yes No

If your answer to this question is NO, please complete Part B

PART B

- i. Are you a mature age student? (i.e. at least 18 Years as at January 2007 and away from full time secondary schooling for at least 12 months). Yes No

- ii. What is the highest level of SECONDARY education you have successfully completed? (Please tick one).

Less than Year 10

Year 10

Year 11

Year 12 (Please attach a COPY of results)

- iii. Which year did you complete your last year of Secondary Schooling?

EDUCATION AND TRAINING (cont.)

iv. Please complete the following details of any post-secondary studies and other training:

POST SECONDARY STUDIES

Years Attended	Name of Institution	Course Title	Full-time/ Part-time	If incomplete, give stage reached
to				
to				
to				
to				
to				
to				

EMPLOYMENT/WORK EXPERIENCE/VOLUNTARY ACTIVITIES

For many courses, relevant employment, work experience and/or activities (paid or voluntary), full-time/part-time could enhance your prospects of selection. In the space below provide details (attach additional pages if necessary).

Type of work/ Activities	Dates: From > To	Approx. No. of hrs, days, wks, mths, etc	Paid/ Unpaid	Full-time/ Part-time	Employer/ Organisation
	to				
	to				
	to				
	to				
	to				
	to				

PLEASE ATTACH THE FOLLING INFORMATION (No more than 2 sides A4 paper in TOTAL)

- i. State in your own words why you wish to complete this course and your intended career path.
- ii. Indicate your knowledge of the industry to which this course relates, including employment opportunities now or in the future.
- iii. Add any further information to support your application (e.g. references, employer support)
- iv. Have you ever commenced the course for which you are applying at this or another Institution? Yes No
If YES, please attach to this application a list of modules successfully completed.

Signature: _____

Date: _____

PRIVACY

Swinburne University of Technology collects, uses and destroys your information in accordance with our Privacy Policy, which can be found at <http://www.swin.edu.au/corporate/registrar/ppd/files/humanres/htm>.

If you have any queries relating to information included on this form please write to the Service Feedback Officer in the unit to which you submit this form (as detailed on the attached sheet).

Office Use Only

Date Received		Received by	
Organisation Unit		Date Logged	