

BACHELOR OF EARLY CHILDHOOD EDUCATION DEAKIN AT YOUR DOORSTEP



Student ID number

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Please complete if you are a current or former Deakin student

1 PERSONAL DETAILS

TITLE	FAMILY NAME
GIVEN NAMES	
GENDER (M OR F)	DATE OF BIRTH
PREVIOUS NAME (IF APPLICABLE)	

2 POSTAL ADDRESS

No. & STREET	
SUBURB	
STATE COUNTRY	POSTCODE
TEL (Home)	TEL (Business)
TEL (Mobile)	FAX
EMAIL	

3 HOME ADDRESS

No. & STREET		SUBURB
STATE COUNTRY	POSTCODE	TEL (Home)

Are you an Australian citizen or permanent resident, or a New Zealand citizen? Yes No If No, you cannot enrol in this course.

4 COURSE DETAILS

Indicate the course code and name of the course you are applying for.

Course code	E330T	Course name	Bachelor of Early Childhood Education – Deakin At Your Doorstep
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Campus

<input type="checkbox"/> Dandenong Campus of Chisholm TAFE	<input type="checkbox"/> Mornington Peninsula Campus of Chisholm TAFE	<input type="checkbox"/> Portland Campus of South West TAFE
<input type="checkbox"/> Swan Hill Campus of Sunraysia TAFE		

Study mode On campus Off campus

Study load Full time Part time

Commencing Trimester 1

Division of Student Administration		OFFICE USE ONLY
Admission process cat.	<input type="text"/>	
Course code	E330T	
Location <input type="checkbox"/>	Mode <input type="checkbox"/>	Type <input type="text" value="U"/>
Entry qualification	Qualified	Doc. status <input type="text"/>
Correspondence category	<input type="text"/>	
Credit for prior learning (CPL)	<input type="text"/>	
Access and Equity Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Application assessed by	<input type="text"/>	Date <input type="text"/>
Application keyed by	<input type="text"/>	Date <input type="text"/>
FACULTY Selection outcome	<input type="checkbox"/> Offered <input type="checkbox"/> Offered with CPL	
	<input type="checkbox"/> Conditional offer <input type="checkbox"/> Not offered	
Basis for admission	<input type="text"/>	
Fee assessment		
Fee category	<input type="text"/>	
Selection officer	<input type="text"/>	Tel <input type="text"/>
Signature	<input type="text"/>	Date <input type="text"/>
DSA		
Offer/non offer entered by	<input type="text"/>	Date <input type="text"/>

Updated 10/2010

5 EDUCATIONAL HISTORY

Enter details for both secondary and post-secondary study. Fully certified copies of original documents are required including evidence of your ATAR score if applicable.

Secondary education – Provide details of your final year of study at secondary level.

Section A

Have you completed Year 12? (Yes or No) What year did you complete Year 12?

If no, go to Section B

What was your ATAR or equivalent? In what state or territory did you complete Year 12?

What was your Year 12 ID number? What type of Year 12 did you complete? (e.g. VCE)

At what school did you complete Year 12? (provide school name and suburb)

Section B

What is your highest completed year of secondary school?

In what year did you complete your highest level?

In what state or territory did you complete your highest level?

At what school did you complete your highest level?
(provide school name and suburb)

Post secondary studies – Provide details of any post secondary study, e.g. TAFE or University courses.

Course name (e.g. Certificate II in ...)	Course code	Provider	State/ Country	Enrolled full or part time	Years enrolled e.g. 99-03	Completed (Yes or No, if No, %)	Previous Student ID number	Are documents attached?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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6 EMPLOYMENT HISTORY

Provide details of any employment, community work or work experience positions which you consider relevant to your application.

Duration	Employer	Position	Main duties
From / /	<input type="text"/>	<input type="text"/>	<input type="text"/>
To / /	<input type="text"/>	<input type="text"/>	<input type="text"/>
From / /	<input type="text"/>	<input type="text"/>	<input type="text"/>
To / /	<input type="text"/>	<input type="text"/>	<input type="text"/>
From / /	<input type="text"/>	<input type="text"/>	<input type="text"/>
To / /	<input type="text"/>	<input type="text"/>	<input type="text"/>

7 PERSONAL STATEMENT

Provide a statement of no more than 500 words in support of your application. This statement should include information to demonstrate:

- your motivation and commitment to study
- desire to pursue or advance a career in Early Childhood Education
- any other factors relevant to your application.

8 DEAKIN ACCESS AND EQUITY PROGRAM

Applicants for admission to an undergraduate course at Deakin are eligible to apply for consideration under the Deakin Access and Equity Program.

Applicants from the designated groups listed below may apply for special consideration in admission through the Deakin Access and Equity Program.

If you wish to apply please tick the category/s you wish to be considered for. You must also include a personal statement (additional to any other personal statement required by the course/faculty application) outlining how your circumstances have impacted on your education, as well as certified documentary evidence.

Visit the admissions website for further information regarding evidence required at deakin.edu.au/future-students/applications-enrolments.

- | | |
|--|--|
| <input type="checkbox"/> Mature-age consideration | <input type="checkbox"/> Disadvantaged financial background |
| <input type="checkbox"/> Non-English speaking background | <input type="checkbox"/> Applicants from rural or isolated areas |
| <input type="checkbox"/> Recognition as an Indigenous Australian | <input type="checkbox"/> Under represented schools |
| <input type="checkbox"/> Difficult circumstances | <input type="checkbox"/> Disability or medical condition |
| <input type="checkbox"/> Refugee background | <input type="checkbox"/> Women in under-represented disciplines |

For further information regarding Deakin Access and Equity please go to the Admissions website deakin.edu.au/future-students/applications/enrolments.

9 DECLARATION

- I declare that to the best of my knowledge the information supplied in this application and the documentation supporting it are correct and complete.
- Where records of prior study have been provided in support of my application, I authorise Deakin University to conduct a search and retrieval of my academic record from my previous institution/s to verify the information contained in my application.
- I acknowledge that the provision of incorrect information or documentation relating to my application may result in withdrawal of any offer of a place and that such withdrawal may take effect at any stage of the course, at the discretion of Deakin University.
- I agree to abide by the Statutes, Rules and Regulations of the University.
- I consent to such of my personal identifying data being provided to DEEWR (Department of Education, Employment & Workplace Relations) as is necessary for allocation of a CHESSN (Commonwealth Higher Education Student Support Number), and my SLE (Student Learning Entitlement).

Signature

Date

Please return your completed application to:

Bachelor of Early Childhood Education
Faculty of Arts and Education
Attention Cheryl Finnigan
Deakin University
PO Box 423
Warrnambool Vic 3280
Tel 03 5563 3087

Deakin University's Privacy Statement can be found at deakin.edu.au/disclaimer.

STATISTICS

- If you have not lodged a statistics form previously, please complete and sign the following form
- If you have lodged a statistics form previously but there have been changes, complete and sign the following form
- Your enrolment cannot be completed if these statistics are not provided
- These statistics are required by the Department of Education, Employment and Workplace Relations (DEEWR) pursuant to Subdivision 19-70(1) of the Higher Education Support Act 2003. The statistics are collated and provided to DEEWR and do not identify individual students

PERSONAL STATISTICAL DETAILS

- 1** Are you of Aboriginal or Torres Strait Islander descent?
(Select one only)
- No
- Yes—Aboriginal
- Yes—Torres Strait Islander
- Yes—Aboriginal and Torres Strait Islander
- 2** What is your citizenship status during this year?
(Select one only)
- Australian Citizen
- New Zealand Citizen (see 3)
- Permanent Humanitarian Visa Holder (proof required—see 3)
- Permanent Visa Holder (not Humanitarian—see 3)
- Temporary Entry Permit Holder
- Other status
- 3** If you are a student who is a New Zealand Citizen, has Permanent Residence status, or is the holder of a Permanent Humanitarian Visa, select a statement that best describes your circumstance below.
- You are residing inside Australia for the Trimester or outside Australia as a requirement of the course.
- You are residing outside Australia for the Trimester but not because of a requirement of the course.
- 4** In what country is your permanent home address?
- Australia Postcode
- Other country Name
- 5** In what country is your residence during the year?
- Australia Postcode
- Other country Name
- 6** In what country were you born?
- Australia
- Other country Name
- Year of arrival in Australia
- 7** Do you speak a language other than English at your permanent home residence?
- Yes No Language

EDUCATIONAL DETAILS

- 8** If you are an Australian school leaver, what was your home postcode in your last year of Secondary School?
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- 9** What is the highest attainment of education you completed prior to this course?
(Select one only)
- A complete higher education postgraduate course
- A complete higher education bachelors degree course
- A complete higher education sub-degree course
- An incomplete higher education course
- A complete final year of secondary education course (at school or TAFE)
- A complete other qualification or certificate of attainment or competence
- No prior educational attainment
- A complete TAFE (VTE) award course
- An incomplete TAFE(VTE) award course
- Last year of enrolment was:
- 10** This question applies only to commencing domestic students. Have you completed your final year of Secondary Education?
- Yes No
- If yes, please specify the last year enrolled:
- 11** If you have undertaken prior undergraduate studies please provide the name of the institution at which you studied.
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ACCESSIBILITY REQUIREMENTS

- 12** Do you have a disability, impairment or long-term medical condition which may affect your studies?
- Yes No
- 13** If 'Yes' to '12', please indicate the area(s) of impairment.
- Hearing Learning
- Mobility Vision
- Medical Other
- 14** If 'Yes' to '12', would you like to receive advice on support services, equipment and facilities which may assist you?
- Yes No

I hereby declare that the information provided is correct and complete

Signature

Date / /