

Graduate Certificate of Higher Education

Application and Enrolment

Faculty of Arts and Education



DEAKIN
UNIVERSITY AUSTRALIA

Student ID number

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Please complete if you are a current or former Deakin student

01 Personal details

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

02 Postal address

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

03 Home address

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

You must notify the University immediately of any change of address. Telephone 03 9244 6333.

Are you an Australian citizen or permanent resident, or a New Zealand citizen? Yes No

If No, you will need to telephone Deakin International on 03 9244 5095

04 Deakin staff only

Please tick which Faculty you are a member of

- | | |
|--|--|
| <input type="checkbox"/> Faculty of Arts and Education | <input type="checkbox"/> Faculty of Business and Law |
| <input type="checkbox"/> Faculty of Health, Medicine, Nursing and Behavioural Sciences | <input type="checkbox"/> Faculty of Science and Technology |

Faculty authorisation

I authorise this staff member to enrol in E570. The units that the staff member has chosen this trimester seem appropriate.

Dean's signature
Name (please print)

Faculty to complete

Admission process cat.																																																			
Course code	E570																																																		
Location	<input type="checkbox"/>	Mode	<input type="checkbox"/>																																																
Type	U																																																		
Correspondence category																																																			
Fee category																																																			
Application keyed by		Date																																																	
<input type="checkbox"/> Offered <input type="checkbox"/> Offered with advanced standing																																																			
Selection outcome <input type="checkbox"/> Conditional offer <input type="checkbox"/> Not offered																																																			
Basis for admission																																																			
Selection officer		Tel																																																	
Signature		Date																																																	
Unit selection	Trimester	Campus	Mode																																																
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**OFFICE
USE
ONLY**

05 Educational history

Enter details (Full certified documentary evidence is required, or application will not be processed)

Course	Institution	State/Country	Years enrolled e.g. 1999-2003	Full/part time	Completed? (Yes or No)	Are documents attached?

Are you applying for credit for previous studies? Yes No If Yes, supply certified copies of transcripts and handbook entries.

A copy of the credit for prior learning rules applicable to this course is available from <http://www.deakin.edu.au/gche>

06 Employment history

Please list positions you have held and which you consider relevant to the course for which you are applying. You may include certified copies of relevant references from employers or other evidence of achievement (eg. summaries of students' evaluations of your teaching, evidence of successful supervision, published articles about your teaching).

Employer	Duration: From/to	Position or duties	Full or part time
	to		
	to		
	to		
	to		
	to		
	to		

07 English language proficiency

Please complete this section only if English is not your first language.

If you have not completed your secondary schooling or degree in English, which of the following have you attained:

- A TOEFL score of at least 550 and a score of at least 5 in the Test of Written English. Please indicate date of test
- An IELTS score of a least 6.5. for TESOL/LOTE Courses. All other applicants an IELTS of 7.00. Please indicate date of test
- A pass in English as part of your Year 12 studies or an equivalent matriculation. Score or mark achieved

Have you obtained any other English language qualification?

- Yes No If Yes, please supply details

08 Undergraduate qualification

Has your qualification been approved by one of the following bodies?

- Teacher Registration Board (Victorian Institute of Teaching) Centre for Assessment of Professional Status
- Other—please specify

Statistics

- 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.

01 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

02 What is your citizenship status during this year? (Select one only)

- Australian Citizen
 New Zealand Citizen (see 03)
 Permanent Humanitarian Visa Holder (proof required—see 03)
 Permanent Visa Holder (not Humanitarian—see 03)
 Temporary Entry Permit Holder
 Other status

03 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.

04 In what country is your permanent home address?

- Australia Postcode
 Other country Name

05 In what country is your residence during the year?

- Australia Postcode
 Other country Name

06 In what country were you born?

- Australia
 Other country Name
 Year of arrival in Australia

07 Do you speak a language other than English at your permanent home residence?

- Yes No Language

08 If you are an Australian school leaver, what was your home postcode in your last year of Secondary School?

09 Please indicate your parents/guardians gender and highest level of education.

- Parent 1 Parent 2
 Male Male
 Female Female

- Parent 1 Parent 2
 Postgraduate qualification
 Bachelor degree
 Other post school qualification
 Completed year 12 or equivalent
 Did not complete year 12 or equivalent
 Completed year 10 or equivalent
 Did not complete year 10 or equivalent
 Not sure

10 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:

11 If you have undertaken prior undergraduate studies please provide the name of the institution at which you studied?

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 / /