VCE HIGHER EDUCATION STUDIES PROGRAM

STUDENT ID NUMBER

SECTION 1: APPLICANT DETAILS					
TITLE	SURNAME				
GIVEN NAMES				GENDER (M/F)	
DATE OF BIRTH		PREVIOUS NAME (IF APPLICABLE)			
VCE STUDENT N	JMBER				
CECTION 2: D	OSTAL ADDRI	TCC			
SECTION 2: P	OSTAL ADDRI	233			
NO. & STREET					
SUBURB			POSTCODE		
STATE COUNTRY			TEL (MOBILE)		
TEL (HOME)			TEL (BUSINESS)		
EMAIL	EMAIL				
FACULTY TO COMPLETE SECTION 3: UNIT SELECT			ION 3: UNIT SELECTION		

TRIMESTER 2

ADMISSION PROCESS **NAW-DOMEST CATEGORY COURSE CODE** N001 LOCATION B TYPE U MODE F BASIS FOR ADMISSION **VCEHIGHED** CORRESPONDENCE CAT. **VCE** FEE CATEGORY **DOM1NAW** APPLICATION KEYED BY PROCESSED BY

PSYCHOLOGY					
	TRIMESTER 1	HPS111 INTRODUCTION TO PSYCHOLOGY A			
	TRIMESTER 2	HPS121 INTRODUCTION TO PSYCHOLOGY B			
HEALTH AND HUMAN DEVELOPMENT					
	TRIMESTER 1	HBS110 HEALTH BEHAVIOUR			

CR	IMINOLOGY	
	TRIMESTER 1	ACR101 INTRODUCING CRIME AND CRIMINOLOGY
	TRIMESTER 2	ACR102 INTRODUCING CRIME AND CRIMINAL JUSTICE

HBS108 HEALTH INFORMATION AND DATA



SECTION 4: EDUCATI	ON HISTORY				
NAME OF SCHOOL					
UNITS 1 AND 2					
YEAR STUDIED	SUBJECT NUMBE	R	SUBJECT NAME	GRADE/CURRENTLY STUDYING	
UNITS 3 AND 4					
	CUDIFCT NUMBE	D	CUDIFCT NAME	CDADE/CHDDENTLY STUDVING	
YEAR STUDIED	SUBJECT NUMBE	ĸ	SUBJECT NAME	GRADE/CURRENTLY STUDYING	
SECTION 5: SUPPORTING	INFORMATION				
Applicants may supply up to five pages of additional information that will be relevant to the university in selecting students for the VCE Higher Education Studies Program.					
SECTION 6: CHECKLIST					
Use this checklist to ensure that you have completed ALL the steps necessary for your application:					
I have completed the Stat			_	sections of the application form	
I have signed the Declarat		election committee	i nave arranged for my parent/	/guardian to complete their section	
SECTION 7: DECLARATION					
SIGNATURE	I declare the information supplied by me is complete and correct. SIGNATURE Where records of prior study have been provided in support of my application, I authorise			n. l authorise	
DATE	Deakin University to conduct a search and retrieval of my academic record from my previous institution/s to verify the informat contained in my application I acknowledge that the provision of incorrect information or documentation relating to my application may result in withdrawa offer of a place and that such withdrawal may take effect at any stage of the course, at the discretion of Deakin University. I have read the relevant course information provided, including course structure and unit requirements.			om my previous institution/s to verify the information relating to my application may result in withdrawal of any course, at the discretion of Deakin University.	
Please return your completed applica Admissions and Enrolments Division of Student Administration Deakin University Locked Bag 20000 Geelong Victoria 3220	ision of Student Administration akin University ked Bag 20000 CHESSN (Commonwealth Higher Education Student Support Number). I understand that I am required to have access to a computer and the internet and will check my Deakin email account and the Student Portal at least weekly. For International students only - I declare that I am in possession of the appropriate visa for			rtment of Education as is necessary for allocation of a	

STATISTICS

SIGNATURE

- Your enrolment cannot be completed if these statistics are not provided.
- These statistics are required by the Department of Education and Training pursuant to Subdivision 19-70(1) of the Higher Education Support Act 2003. The statistics are collated and provided to the Department of Education and Training and do not identify individual students.

01	1191			Please indicate your parents/guardians gender and highest level of education.			
	No		Pare	ent 1	Pare	nt 2	
	Yes-Aboriginal			Male		Male	
	Yes-Torres Strait Islander			Female		Female	
	Yes-Aboriginal and Torres		Pare	ent 1	Pare	nt 2	
						Postgraduate qualificatio	n
02	What is your citizenship status during this year? (Select one only)					Bachelor degree	
	Australian Citizen					Other post school qualifie	cation
	New Zealand Citizen (see 03)					Completed year 12 or eq	uivalent
	Permanent Humanitarian Visa Holder (proof required—see 03)					Did not complete year 12	or equivalent
	Permanent Visa Holder (not Humanitarian—see 03)					Completed year 10 or eq	uivalent
						Did not complete year 10	or equivalent
	Temporary Entry Permit Holder					Not sure	
	Other status						
03	If you are a student who is a New Zealand Citizen, has			_		nment of education you co	mpleted prior to
	Permanent Residence status, or is the holder of a Permanent		unis	course? (Select			
	Humanitarian Visa, select a statement that best describes your circumstance below.		Н		_	r education postgraduate o	
	You are residing inside Australia for the Trimester or outside				_	r education bachelors degr	
	Australia as a requirement of the course.		H		_	r education sub-degree co	urse
	You are residing outside Australia for the Trimester but not		H			gher education course	
	because of a requirement of the course.			(at school or		rear of secondary educatio	n course
	In what country is your permanent home address?					qualification or certificate	of attainment
04)	in what country is your permanent nome address.			or competen		quantication of certificate	or accamment
	Australia Postcode			No prior edu	catio	nal attainment	
	Other country Name			A complete 1	ΓAFE ((VET) award course	
				An incomple	te TA	FE (VET) award course	
05	In what country is your residence during the year?			Last year of	enrol	ment was	
	Australia Postcode				Т		
	Other country Name						
		1	-		-	rior undergraduate studies ¡ t which you studied?	olease provide the
06	In what country were you born?		IIdII	ie or the institu	lion a	t willer you studieu!	
	Australia						
					-	impairment or long-term n	nedical condition
	7		whi	ch may affect y	our st	udies?	
	Year of arrival into Australia			Yes N	10		
07	Do you speak a language other than English at your permanent home						
U/	residence?	3	If 'Y	es' to '12', plea	se ind	licate the area(s) of impairn	nent?
	Yes No Language			Hearing		Learning	Mobility
				Vision		Medical	Other
80	If you are an Australian school leaver, what was your home postcode in your last year of Secondary School?						
		4			-	I like to receive advice on su which may assist you?	upport services,
					lo lo	,, ,	
				163	•0		
I h	ereby declare that the information provided is correct and complete						

DATE

NOTICE TO APPLICANT

PARENTAL ENDORSEMENT

Your parent or guardian is required to complete this section of your application

PARENT/GUA	RDIAN DETAILS				
TITLE	SURNAME				
GIVEN NAMES	GIVEN NAMES				
PHONE NUMBER	PHONE NUMBER				
EMAIL					
RELATIONSHIP T	O APPLICANT				
TIME COMM	TMENT				
Undertaking the VCE Higher Education Studies program at Deakin University requires a considerable time commitment and applicants should research the timetable to understand the number of contact and study hours required for these units.					
LEARNING EI	IVIRONMENT				
An important component of the program is to give students a taste of university life. Students may be asked to attend further activities but will be notified in advance. Please note that Deakin University operates on a Trimester basis rather than a school term, therefore students need to familiarise themselves with the 'Important Dates' at www.deakin.edu.au/study-at-deakin/important-dates . Deakin University has an interactive online environment and for this reason access to a computer and the internet is vital for study.					
DECLARATIO	N				
	for my child/the applicantation Studies program at Deakin University.	to study the			
SIGNATURE		DATE			

NOTICE TO APPLICANT

TEACHER RECOMMENDATION AND PRINCIPAL ENDORSEMENT

Your teacher and principal are required to complete this section of your application

TEACHER RECOMMENDATION

The Deakin University VCE Higher Education Studies Program allows VCE students to complete two trimester length first year university subjects. The subjects have been approved by VCAA. The program is aimed at high achieving students and aims to provide an opportunity to undertake more challenging study. It also provides a taste of university life and study methods. To be considered for the program, students are required to have the support and recommendation of their VCE or Year 12 coordinator (or delegate) regarding their ability to undertake this additional study alongside their school VCE studies. The principal's approval is also required.

TI	TLE	FAMILY NAME				
GI	IVEN NAMES					
ΕN	MAIL					
SC	CHOOL NAME					
	CHOOL HONE NUMBER		MOBILE/NON-TERM PHONE NUMBER			
(m	nid-December to mic rring that time. You v	ly, it may be necessary for University staff to discuss a student d-January). As this period falls during school holidays, it would will only be contacted as a last resort. have assessed the applicant's suitability for this VCE H	d be appreciated if you could provide a phone numb			
1.00	ONFIRM THAT:	nave assessed the applicant's suitability for this VCE F	inglier Education Studies Program.			
100		expected to achieve exceptional results in the present	icite units as stated above and strong results	in all other subjects		
	The student is expected to achieve exceptional results in the prerequisite units as stated above and strong results in all other subjects. The student has excellent time management and organisational skills and will be able to complete the VCE Higher Education studies in addition to her VCE workload.					
	The student displays a high level of maturity					
		s consistently demonstrated a high standard of acader	nic achievement in his/her overall nerforman	ce in Units 1 and 2 to date		
			·			
	i nave attached	to this application a copy of the applicants "Full Deta	is keport from the VASS system.			
Fo	or additional comr	ment please see area over the page.				
T	EACHER DEC	CLARATION				
	SIGNATURE					
	TEACHER POS	SITION	DATE			

TEACHER COMMENTS (FOR USE BY THE SELECTION COMMITTEE)		
PRINCIPAL APPROVAL		
I certify that this student, if selected for the Deakin University VCE Higher Education Studies program, has the support and permission of the school to participate in the program.		
TITLE FAMILY NAME		
GIVEN NAMES		
PRINCIPAL/SCHOOL EMAIL ADDRESS		
PRINCIPAL SIGNATURE	DATE	

Please return your completed application to:

Admissions and Enrolments Division of Student Administration Deakin University Locked Bag 20000 Geelong Victoria 3220

