

Please complete the following form and return it to the VET Administration Officer with any supporting documents prior to the commencement of your studies.

Please use BLOCK/CAPITAL letters, indicate with "N/A" where questions are not applicable and tick boxes  where appropriate.

Please call The University of Notre Dame Australia on 08 9192 0600 if you have any questions about your application.

## 1. COURSE DETAILS

Course name (refer to the course brochure)

## 2. PERSONAL INFORMATION

- 2.1 Title                      Surname/Family name                      First name                      Second/Middle name
- Preferred first name                      Date of birth                      Gender                      Male                      Female
- 2.2 Community  
Community name (as appropriate)
- 2.3 Usual Residential Address  
Building/Property name  
Flat/Unit details                      Street/Lot number (eg. 25 or Lot 45)  
Town/Suburb/Locality                      State/Territory                      Postcode  
Telephone (home)                      Telephone (work)  
Mobile                      Email
- 2.4 Postal Address (If different from residential address)  
Building/Property name  
Flat/Unit details                      Street/Lot number (eg. 25 or Lot 45)  
Town/Suburb/Locality                      State/Territory                      Postcode
- 2.5 Please state your country of birth  
If you were not born in Australia, please indicate the day, month and year of your arrival in Australia                      •                      •  
Please state the year permanent residency or Citizenship was granted
- 2.6 Citizenship and residency status Note: If you were not born in Australia, you must provide a certified copy of evidence of citizenship/residency status.  
Please tick the appropriate box  
Australian Citizen                      Permanent Resident                      Temporary Resident                      Other  
Visa type                      Please provide a certified copy of your visa type and confirmation of permanent residency status.
- 2.7 Aboriginal and Torres Strait Islander background Please tick the appropriate box  
Neither Aboriginal nor Torres Strait Islander origin                      Aboriginal origin  
Torres Strait Islander origin                      Aboriginal and Torres Strait Islander origin
- 2.8 Additional background information  
Religion  
Notre Dame accepts applications from people of all faiths and no faith at all. While Catholic in our tradition, the University embraces all persons who support the Objects of the University.
- 2.9 Languages spoken Please list all languages spoken at home in order of use  
1.                      2.                      3.                      4.  
How well do you speak English?                      Very well                      Well                      Not well                      Not at all
- 2.10 Concessions Please tick the appropriate box (Note: Certified copies must be provided)  
Do you hold a:  
Commonwealth Health Care card                      Pensioner Concession card  
Repatriation Health Benefits card issued by the Department of Veterans' Affairs  
Are you:  
A persons and dependants of persons in receipt of AUSTUDY or ABSTUDY                      Aged between 15 and 18 years of age  
Persons and dependants of persons in receipt of the Youth Allowance

## 2.10 Disability or Medical Condition

Medical/Disability support required? Yes No

If yes, please indicate the areas of disability, impairment or long term condition

Hearing Physical Intellectual Learning Mental illness Acquired brain impairment  
Vision Medical condition Other

Would you like to receive information on medical/disability support services, equipment and facilities available that may assist you? Yes No

Disclosing this information will not affect your admission to the University.

## 3. EDUCATIONAL BACKGROUND

3.1 What is your highest completed school year? Please tick the appropriate box

Year 12 Year 11 Year 10 Year 9 Year 8 or lower Never attended school

Which year did you complete school? Name of School

3.2 Are you still attending secondary school? Yes No

3.3 Have you finished any of the following qualifications? If yes, please tick all boxes that apply

Bachelor Degree or higher Certificate III or Trade Certificate  
Advanced Diploma or Associate Degree Certificate II  
Diploma or Associate Diploma Certificate I  
Certificate IV or Advanced Certificate Certificates other than the above

3.4 Previous Courses studied:

Year last enrolled	Name of institution	Course title	Completed?		Date of completion	Currently enrolled?	
			Yes	No	Year	Yes	No

A **certified copy** of your results must be provided to the University when available

## 4. STUDY REASONS

4.1 What is your main reason for studying this course? Please tick one box only

To get a job	I want extra skills for my job	To develop my existing business
To start my own business	To get into another course of study	To try for a different career
To get a better job or promotion	For personal interest	For self development
It was a requirement of my job	Other reasons	

## 5. EMPLOYMENT INFORMATION

5.1 Of the following categories, which best describes your current employment status. Please tick one box only

Full-time employee	Employed - unpaid worker in a family business
Part-time employee	Unemployed - seeking full-time work
Self-employed - not employing others	Unemployed - seeking part-time work
Employer	Not employed - not seeking employment

5.2 Current employment address (if employed)

Organisation name

PO Box or street address

Town/Suburb State Postcode

Telephone Fax

Mobile Email

5.3 Relevant Work Experience (full-time, part-time, paid or voluntary)

Period	Employer/Organisation	Position/Duties
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- 6. EMERGENCY CONTACT** (It is the student's responsibility to ensure these details are kept current throughout the period of enrolment at the University)  
This person should be a close relative/friend and in a position to respond to any action the University deems appropriate in relation to your welfare.

Name	Relationship		
Number and street or PO Box			
Town/Suburb	State	Postcode	
Telephone	<input type="text"/>	Mobile	<input type="text"/>

**7. PERSONAL STATEMENT (compulsory)**

Refer to the back of this Application Form.

- 7.1 **Criminal conviction** – Please note that obtaining a current approved police clearance is a prerequisite for some courses.

**8. DOCUMENTATION CHECKLIST**

Check that you have included the following relevant documentation with your completed VET Pathways Application Form. Unless stated, inclusion of these documents is a requirement of your application.

- Completed Application Form
- Personal Statement (see last page)
- Certified copy** of Certificates

**9. APPLICATIONS MUST BE SENT OR DELIVERED TO:**

**Broome Campus**

The University of Notre Dame Australia  
Admissions Office  
PO Box 2287  
Broome WA 6725

The University of Notre Dame Australia  
Admissions Office  
88 Guy Street, Broome  
**Telephone: 08 9192 0600**  
**Fax: 08 9192 0690**

If you have any questions about this form or applying for a VET Pathways course at Notre Dame please contact us:  
Telephone: **08 9192 0638** or Email: **Broome.APCadmin@nd.edu.au**

**10. STUDENT DECLARATION: USE AND DISCLOSURE OF PERSONAL INFORMATION**

I agree to abide by the statutes, regulations, policies and rules of The University of Notre Dame Australia as they may apply to me during my period of enrolment at the University (<http://www.nd.edu.au/current-students/studentadministration/policiesregulations.shtml>).

I understand that the University complies with the Privacy Act 1988 (Cth) and that information on how the University will collect, use, disclose and manage my personal information is outlined in the University's Privacy Policy (<http://www.nd.edu.au/downloads/university/privacypolicy.pdf>).

I acknowledge that during my period of study at the University, information will be collected by the University about me. I understand that the University will use my personal information for the primary purpose of managing and administering all aspects of the course of study for which I have enrolled. The University will also use this information to contribute to the University's analysis, use and publication of de-identified results which relate to quality monitoring and improvement activities. I understand that the University will not disclose my personal information to any third party without my written consent, unless the University is required or authorised to do so by law.

**Disclosure of Personal Information and Student Consent**

I agree/consent to the University disclosing my personal information to a person or body external to the University where:

- Disclosure is required or permitted by law or is required to fulfill mandatory or contractual reporting requirements to Commonwealth and State government departments, statutory and regulatory bodies and their authorised agents. Examples include, but are not limited to: the Commonwealth Department of Education, the Department of Immigration and Border Protection, Centrelink, the Australian Taxation Office and Universities Australia.
- An external person or body is engaged to provide services or support to, or for, the University, such as website hubs, database hosts, data back-up service providers and survey companies holding and/or processing my personal information on their IT systems on behalf of the University, but only where there is a legal obligation in force between the external body or person and the University to safeguard my information.
- I am an international student and disclosure is a contractual reporting requirement to sponsors, exchange partners and /or agents.
- I am participating in a student exchange or cross-institutional program and the disclosure is to the other educational or vocational institution.
- Disclosure is to accreditation or registration bodies relevant to my program of study to verify qualifications and experience.
- I am under 18 years of age and disclosure is to my parent or legal guardian.

I am aware that personal information disclosed to Commonwealth and State government departments, statutory and regulatory bodies and their legitimate agents may be shared among various government agencies and bodies for the purpose of improving the provision of higher education, training and research.

I acknowledge that when I enrol at the University, I am provided with a University email address and that the purpose of this email address is for all official electronic correspondence. I understand that the University will use this email address to communicate with me not only for the purpose of managing aspects of my course, but also to advise me on University student services and upcoming University events and/or activities which I may wish to participate in as a student of the University. I understand that my continued use of the email address is subject to me agreeing to and abiding by the terms and conditions that apply to the use of a University email address.

I have read and understood the terms set out above and agree to them as conditions of my enrolment and/or admission at the University.

Applicant's signature

Date (dd/mm/yyyy)     •     •

**This application will only be accepted if it is signed and dated.**

**Please turn over the page to complete your personal statement**

