

PLEASE COMPLETE IF YOU ARE A FORMER OR CURRENT DEAKIN STUDENT

## SECTION 1: PERSONAL DETAILS

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

## STAFF TO COMPLETE

ADMISSION PROCESS CATEGORY	
PROGRAM CODE	<b>N001</b>
LOCATION	<input type="text"/>
CORRESPONDENCE CAT.	

## SECTION 2: HOME/POSTAL ADDRESS

NO. & STREET	
SUBURB	
STATE COUNTRY	POSTCODE
TEL (Home)	TEL (Business)
TEL (Mobile)	EMAIL (Mandatory)

## SELECTION OUTCOMES

BASIS FOR ADMISSION	
SELECTION OFFICER	TEL
SIGNATURE	DATE / /
PROCESSED BY	DATE / /

POSTAL ADDRESS  
(IF DIFFERENT)

## SECTION 3: DEAKIN LEARNING CENTRE LOCATION

Please tick the box for the Deakin Learning Centre location you wish to attend

<input type="checkbox"/>	Dandenong Learning Centre
<input type="checkbox"/>	Werribee Learning Centre

25/10/2016

## SECTION 4: TERTIARY EDUCATION

Are you already enrolled in a Deakin course?  
If YES, please state the course  
details

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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Are you enrolled at another University?  
If YES, please state the  
University details

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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Are you enrolled at another vocational provider?  
If YES, please state the  
Provider details

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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## SECTION 5: EDUCATIONAL HISTORY

Enter details for both secondary and post-secondary study.

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

Have you completed Year 12? (Yes or No)

What year did you complete Year 12?

What was your ATAR or equivalent?

What type of Year 12 did you complete?  
(e.g. VCE)

Your highest completed year of  
secondary school

Year of completion

**or Training courses completed**

COURSE NAME (EG. DIPLOMA/CERTIFICATE OF ...)	COURSE CODE	INSTITUTION NAME	STATE/ COUNTRY	ENROLLED FULL OR PART TIME	YEARS ENROLLED EG. 14-15	COMPLETED (YES OR NO, IF NO %)

## SECTION 6: EMPLOYMENT HISTORY

Please provide details of any employment or community work that you have undertaken.

DURATION (MONTHS / YEARS)	EMPLOYER	POSITION	MAIN DUTIES

## SECTION 7: PERSONAL STATEMENT

Please provide a brief statement about why you want to undertake this program.

## SECTION 8: DEAKIN ACCESS AND EQUITY PROGRAM (UNDERGRADUATE APPLICANTS ONLY)

Applicants from the following designated equity groups are encouraged to apply. Please tick the box for each of the categories that apply to you and provide a brief response in the space provided below.

<input type="checkbox"/>	Mature-age entry (age 21 or over)	<input type="checkbox"/>	Non-English speaking background	<input type="checkbox"/>	Disadvantaged financial background
<input type="checkbox"/>	Recognition as an Indigenous Australian	<input type="checkbox"/>	Difficult circumstances	<input type="checkbox"/>	Disability or medical condition

Please briefly outline how your overall circumstances have impacted on your education to date:

## SECTION 9: FINAL CHECKLIST

Use this checklist to ensure that you have completed ALL the steps necessary for your application.

<input type="checkbox"/>	Tick if you have completed ALL relevant sections of the application form
<input type="checkbox"/>	Tick if you have signed the Declaration

## SECTION 10: 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 place 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 my personal identifying data being provided to the Department of Education as is necessary for allocation of a CHESSN (Commonwealth Higher Education Student Support Number), and my SLE (Student Learning Entitlement).
- For International students only – I declare that I am in possession of the appropriate visa for my intended study program.

SIGNATURE

DATE

Please return your completed application to:

Admissions Coordinator  
Deakin Learning Centre  
Deakin University  
Level 3 / 237 Lonsdale Street  
DANDENONG VIC 3175

OR by email to either  
[dandenong@deakin.edu.au](mailto:dandenong@deakin.edu.au)  
[wcentre@deakin.edu.au](mailto:wcentre@deakin.edu.au)

Deakin University's Privacy Statement can be found at [www.deakin.edu.au/privacy](http://www.deakin.edu.au/privacy)