



STUDENT APPLICATION FOR INTERVIEW

Please complete all details on this *Student Application for Interview* form. This information will be used to enrol you in the qualification you are seeking.

Course Details:			
Tertiary Preparation Program			
Personal Details:			
First Name:		Last Name:	
Address:			
	Post Code:		
Phone:	H	W	M
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	D.O.B. <input style="width: 50px;" type="text"/>
Email:	<input style="width: 100%;" type="text"/>		
Language and Cultural Diversity:			
Are you of Aboriginal or Torres Strait Islander origin	No <input type="checkbox"/>	Yes <input type="checkbox"/> Aboriginal	Yes <input type="checkbox"/> Torres Strait Islander
What is your country of birth?	Aus. <input type="checkbox"/>	Other <input type="checkbox"/> (please specify) _____	
Are you an Australian citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/> I'm a permanent resident	No <input type="checkbox"/> I'm on a temporary visa
What is the language you speak mainly at home?	Eng <input type="checkbox"/>	Other <input type="checkbox"/> (please specify) _____	
How well do you speak English?	<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well

Education:	
What is your highest COMPLETED school level:	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 9 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 8 or equivalent
<input type="checkbox"/> Year 10 or equivalent	
In which YEAR did you complete that school level?	
Are you still attending secondary school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of the last school you attended:	
Have you completed any qualifications since leaving school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate which best describes your Qualification/s.	
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Diploma (or Associate Diploma)
<input type="checkbox"/> Certificate II	<input type="checkbox"/> Advanced Diploma or Associate Degree
<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/> Bachelor Degree or higher degree
<input type="checkbox"/> Certificate IV (or Advanced Certificate)	<input type="checkbox"/> Overseas or Miscellaneous Certificate
Study Reasons:	
Of the following categories, which BEST describes your main reason for undertaking this course / qualification? (Tick ONE box only)	
<input type="checkbox"/> To get a job	<input type="checkbox"/> To get a better job or promotion
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I want extra skills for my job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest
<input type="checkbox"/> For other reasons	<input type="checkbox"/> For self-development
Employment Details:	
Of the following categories, which BEST describes your current employment status?	
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Unemployed (seeking full-time work)
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Unemployed (seeking part-time work)
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed (not seeking employment)
<input type="checkbox"/> Self employed	
Employer Business Name	
Recognition of Prior Learning (RPL) or Credit Transfer (CT):	
Do you wish to apply for Recognition of Prior Learning (RPL) or Credit Transfer (CT)?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
RPL is the acknowledgment of a person's current skills and knowledge acquired through previous training, work or life experience.	
CT is granted to those students who have gained documented evidence of achievements in the relevant competency or qualification from a Registered Training Organisation. Students applying for CT need to submit copies of transcripts in support your application.	

Disability:

Do you consider yourself to have a disability, impairment or long-term condition?

Yes (please specify below)

No

If yes, please indicate the area/s or disability, impairment or long-term condition.

- | | |
|---|--|
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Acquired Brain Impairment |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Other (please specify) | |

Other:

In order that we can best support you in your application to study, please list any other specific needs which may impact on your full participation in this course: e.g. religious requirements, carer's needs, transport issues etc.

Signature:**Date:****Privacy Declaration:**

UQ College complies with Australian and Queensland privacy laws and guidelines. The College will not disclose your personal information to any third party unless we are permitted to do so by law.

To lodge your application:

Ensure that the application form has been fully completed and signed, and any course entry requirement documents are included. Return your completed application by one of the following choices:

Postal Address: Student Administration, UQ College
C/ University of QLD, 11 Salisbury Road, Ipswich, Queensland 4305
Street Address: UQ College, Building 13, University of QLD, Parker Avenue, Ipswich, Queensland 4305
Fax: 07 3381 1130
Email: info@uqcollege.edu.au

For any queries or additional information please contact UQ College on (07) 3381 1141 or visit our Website at www.uqcollege.edu.au or Facebook www.facebook.com/uqcollege