

- This form is for Year 11 and 12 high school students wishing to undertake individual courses under the Headstart Program
- Refer to the applicant checklist on the last page of this form for a list of the supporting documentation you will need to submit with your application
- Tuition fees apply for those on visas. Visit: www.usc.edu.au/payfees
- If you experience any issues accessing our forms, please contact [Student Central](#) for further assistance.

1.0 PERSONAL DETAILS

| | | | |
|-----------------------------------------------|---------------------------|------|-----------------|
| Given name: | Family name: | | |
| Previous family name: <i>If applicable</i> | Preferred name: | | |
| Date of birth: | Gender: | Male | Female Other |
| Country of birth: | Year of arrival: | | |
| Preferred contact phone number: | Alternative phone number: | | |
| Email: | | | |

MAILING ADDRESS

| | | |
|-----------------------------------------|--------|-----------|
| Number and Street (<i>or PO Box</i>): | | |
| Suburb or town: | State: | Postcode: |

PERMANENT RESIDENTIAL ADDRESS

Same as above

| | | |
|--------------------|--------|-----------|
| Number and Street: | | |
| Suburb or town: | State: | Postcode: |

2.0 PERSONAL STATISTICAL DETAILS (THIS INFORMATION IS REQUIRED BY THE COMMONWEALTH GOVERNMENT)

1. Are you of Aboriginal or Torres Strait Islander origin?

For persons of both Aboriginal or Torres Strait Islander origin, tick both 'YES' boxes

| | | |
|------------------------|-----|----|
| Aboriginal | Yes | No |
| Torres Strait Islander | Yes | No |

2. What is your citizenship or residency status?

- I am an Australian citizen
- I am a New Zealand citizen
- I am a permanent resident (excluding New Zealand Citizens)
- I am a dependent of a diplomat (except New Zealand) and will reside in Australia during semester
- I have a temporary entry permit (eg temporary resident visa)

Please specify: _____

Attach copy of visa documents

AccessAbility Services

USC has staff and services available to assist and support students with a disability. If you would like information about accessing these services, please contact an Ability Adviser on Ph +61 7 5430 1226 or email AccessAbility@usc.edu.au.

3.0 ENGLISH LANGUAGE REQUIREMENTS

1. Do you speak a language other than English at your permanent home residence? Yes No
If 'YES', name of non-English language that is spoken most often:
2. Is English your first language? Yes No If 'NO' please specify first language: _____

4.0 COURSE ENROLMENT

Which semester do you wish to commence study? Semester 1 Semester 2
Which location are you wanting to study at? Sunshine Coast Gympie Fraser Coast SouthBank Caboolture Moreton Bay

Refer to **Available courses** to see what courses are available at each location

In the table below, enter the course code and course title for the course you wish to enrol in.

| Course Code (eg COR109) | Course Title (eg Communications and Thought) |
|-------------------------|----------------------------------------------|
| | |

5.0 ACADEMIC HISTORY

School name: _____
Learning Unique Identifier (LUI) (Contact your school office for your LUI): _____
Your year level (during your intended semester of study): _____ The year you will complete Year 12: _____
School subjects being studied during your intended semester of study (eg Chemistry, Maths B):

| | |
|---|---|
| . | . |
| . | . |
| . | . |

6.0 ADMISSION STATISTICAL DETAILS

List any other educational qualifications you have completed (eg Certificate III in information Technology):

7.0 SCHOOL'S STATEMENT OF SUPPORT (TO BE COMPLETED BY THE SCHOOL HEADSTART COORDINATOR)

I confirm that:

- This student is achieving at B-grade average or better*
- I believe this student is capable of successfully undertaking university study
- I agree to meet with this student regularly to discuss their progress and inform the University of any relevant issues.

Name: _____ Signature: _____ Date: _____
Position: _____ Email: _____ Tel: _____

**Special circumstances may be considered on a case by case basis. Please attach written statement if special circumstances exist.*

PARENT/GUARDIAN INTERNET PERMISSION DECLARATION

NB: A parent or guardian must sign this permission form.

Print full name of person under the age of 18: _____

PERMISSION FOR INTERNET ACCESS

Federal Government legislation restricts internet services for people under 18 years of age.

The [Broadcasting Services Amendment \(Online Services\) Act 1999](#), has created a co-regulatory scheme for dealing with internet content including ensuring that internet access is not provided to people under the age of 18 without the consent of a parent or responsible adult.

For information on how to supervise use of the internet and how to protect people from offensive material on the internet, please consult the [Australian Communications and Media Authority](#) website. The University of the Sunshine Coast does not normally supervise and/or censor internet access.

Internet accounts are offered to staff and students of the University of the Sunshine Coast for work associated with learning, teaching, research and administration. Students and staff are bound by the Policy on the [Acceptable Use of IT Resources](#) which is available from the University's website.

I am the parent/guardian of the above-named person. I have read the [Acceptable Use of IT Resources](#) Policy and agree to the conditions of use. I understand that all internet services are available through the network account and that the University may provide no censorship.

PLEASE INDICATE YOUR PERMISSION *(please select appropriate box):*

I give permission for the above-named person to receive full access to the internet via the University of the Sunshine Coast.

I **do not** give permission for the above-named person to receive full access to the internet via the University of the Sunshine Coast.*

* Note: Failure to receive permission may mean that the student is unable to complete their course/program of study.

Name of parent/guardian: _____ Signature: _____

APPLICANT DECLARATION

I agree to obey the policies, guidelines and rules of the University of the Sunshine Coast as far as they may apply to me. I declare that the information supplied herein is correct and complete. I authorise the University to obtain official records from any other educational institution previously attended by me, and acknowledge that the University reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information. If any information is discovered to be untrue or misleading in any respect, I understand that the University may collect, store and disclose this information to Universities Australia and Universities Australia member institutions and any other relevant authority.

The University of the Sunshine Coast uses email and/or mail to communicate administrative matters to students. I agree to check my USC email account on a regular basis and to maintain current mailing address details on USC Central.

I consent to the below signed parent/guardian being provided with information about my student record and grant them the ability to make requests for amendments to my application or enrolment status.

The University of the Sunshine Coast is collecting the information on this form to carry out its functions under the University of the Sunshine Coast Act 1998. The University may disclose some, or all, of this information to appropriate agencies if required including the Commonwealth Department of Education, Employment and Workplace Relations and the Australian Taxation Office. For more information visit the [Privacy](#) page of the USC website at: www.usc.edu.au/privacy

Applicant signature: _____

Date: _____

Parent/guardian signature: _____

Date: _____

Reminder: please ensure you complete the 'Application Checklist' on the last page of this form before submitting your application.

APPLICANT CHECKLIST

YES I have:

- completed the entire application form
- attached copies of your most recent report cards that include teacher comments for each subject
- attached a copy of your visa documents (*if applicable*)
- obtained the permission (*signature*) of a parent/guardian
- obtained approval (*signature*) from my school's Headstart Coordinator

COMMITMENT PLANNER

The commitment planner will help you plan your time and manage your Headstart study alongside various other commitments.

List your commitments below and estimate how many hours per week you need to spend on each.

| MY COMMITMENTS | | Hours per week |
|--------------------------|------------------------------------------------------------------------------------------------|-----------------------|
| Headstart: | Lecture, tutorial, workshop/lab (if applicable), readings, assignments, exam preparation, etc. | 10 |
| School workload: | | |
| Work/ Vocational: | | |
| Family: | | |
| Social: | | |
| Sport: | | |
| Other: | | |

LODGEMENT

Email: information@usc.edu.au
Student Services and Engagement – ML23
Mail: University of the Sunshine Coast
Maroochydore DC QLD 4558

ENQUIRIES

Phone: +61 7 5430 2890
Email: information@usc.edu.au
Student Central: At any USC campus