

UNI STEP UP ONLINE 2020 – APPLICATION FORM



**TO BE COMPLETED BY STUDENT AND ENDORSED BY SCHOOL
PARENTAL PERMISSION FORM TO BE RETURNED WITH THIS APPLICATION FORM**

Read before proceeding:

WHO: Any student in year 11 or 12 attending an Equity Pathways Partner school may apply to ACU's Uni Step Up program with the endorsement of their teacher and parent/carer's permission.

WHEN TO LODGE YOUR APPLICATION: Applications are considered and assessed on a progressive basis and you are encouraged to return your application as soon as possible to your teacher who will forward on to ACU. You **MUST** return the application form **AND** your parent/carer's permission form together to your teacher.

ELIGIBILITY: Students **MUST** have achieved satisfactory in English for 2 semesters. Students should also consider:

1. your ability to undertake an additional subject to your school work
2. your time management skills
3. the time commitment involved.

RESPONSE: ACU will email you with the outcome of your application. *Please ensure a valid personal email is supplied and that you check this email inbox regularly.* Once you receive an offer of enrolment into Uni Step Up, you will need to reply to that offer via reply email.

Applications close: Friday 26 June, 2020

Key Dates:

Growth, Motor Development and Aging

- **On Campus Orientation:** 10am - 4pm, Saturday 11 July (strongly encouraged, transport support available)
- **Weekly Online classes:** 3 hours per week
- **On Campus Assessment Support:** 10am - 4pm, Saturday 12 September (strongly encouraged, transport support available)
- **Parent & Student Information Night**
3 July, 2020

Questions & Queries, please contact:

T: 0 7 3623 7668

M: 0417 023 943

E: jake.hardiman@acu.edu.au

W: www.acu.edu.au

KEEP THIS PAGE FOR YOUR REFERENCE

PERSONAL DETAILS – APPLICATION FORM

Family Name:	
Given Name:	
Date of Birth:	
Gender:	
School:	
Year Level in 2020:	
Current Home Mailing Address:	
Mobile Phone Number:	
Personal Email Address:	
LUI Number:	A LUI is an identifier number generated by the Queensland Curriculum Assessment Authority (QCAA) and issued to a young person when they register with the QCAA. See your Guidance Officer if you do not know your LUI.
Do you identify as: (please circle)	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither
Language Spoken at Home:	
Please indicate if you're:	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident Country of birth: <input type="checkbox"/> Other Please specify:
Parent/Carer's Name: Mobile Number: Email Address:	
Name of school teacher or Guidance Officer who endorses this application. Email address: Signature of school staff member:	
Do you require assistance with travel to and from campus for the campus?	Please specify where you would be travelling from...
Do you have wi-fi at home?	
Do you have access to a personal device eg. Laptop, Ipad, PC?	

RETURN THIS PAGE TO YOUR SCHOOL

STUDENT NAME:

SCHOOL:

YEAR LEVEL:

PARENT/GUARDIAN CONSENT

As part of my student’s participation in the Uni Step Up program, I understand/agree that:

- My student will attend each Uni Step Up online learning session and on campus activity
- I will email ACU staff jake.hardiman@acu.edu.au to notify if my student will need to leave early on any of the on campus days
- A staff member from ACU will call a parent/guardian if a student has not arrived by 10am or if a student requests to leave early.

MEDIA RELEASE

I give consent for the electronic recording of my son/daughter in photographic, video, audio or any other formats while taking part in the Uni Step Up program. I understand that photographs or other electronic recordings may be used at ACU or other media organisations (newspapers & television) publications, broadcasts and websites at the discretion of ACU without acknowledgement and without entitlement to remuneration or compensation.

MEDICAL

In the case of a medical emergency I give consent for the adult supervisor in charge to authorise such emergency treatment as is deemed necessary to be administered to my son/daughter. You will be contacted at the earliest opportunity. You are the nominated emergency contact but you may add another emergency contact on the next page.



I, **(Parent/guardian Name)**

have read and agree to the above information. I give permission for my child

..... **(student name)** to participate in the Uni Step Up program.

Parent/Guardian Signature:

Date ____/____/____

Parent/Guardian phone number:

Parent/Guardian email:

RETURN THIS PAGE TO YOUR SCHOOL

UNI STEP UP

**FOR PARENTS/GUARDIANS
MEDICAL FORM**



STUDENT NAME:

SCHOOL:

YEAR LEVEL:

Additional Information:

Is there any additional information that you would like to include for ACU?

Eg. Allergies, dietary requirements

Additional emergency contact name:	
Relationship to student:	
Mobile number:	

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