



The University of Sydney



Koori Centre

# 2010 Application Form

## DIPLOMA IN EDUCATION (ABORIGINAL) & BACHELOR OF EDUCATION (SECONDARY: ABORIGINAL STUDIES)

### RESIDENTIAL ADDRESS

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ SUBURB: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE (HM): \_\_\_\_\_ MOBILE: \_\_\_\_\_

TELEPHONE (WK): \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLEASE CIRCLE: Male / Female                      SMOKER: Yes / No

Australian Aboriginal / Torres Strait Islander

### POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL ADDRESS)

POSTAL ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

### \* CENTRELINK REFERENCE NUMBER

All students must supply the Koori Centre with evidence of ABSTUDY entitlement, such as a copy of the Student Entitlement Notice (SEN) issued by Centrelink, before the commencement of the Course you have undertaken.

CENTRELINK REFERENCE NO.: \_\_\_\_\_

I \_\_\_\_\_ (print name) hereby state the above is my Residential address and that I am registered with Centrelink (see below).

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

YOU WILL NEED TO PROVIDE PROOF OF YOUR RESIDENTIAL ADDRESS EG, DRIVERS LICENCE , A COPY OF YOUR CENTRELINK REFERENCE NUMBER AND PROOF OF ABORIGINALITY

\*\* Please note: Indigenous Australian Aboriginality is a Pre-Requisite for this Course

## TRAVEL INFORMATION

Students who live outside the Sydney metropolitan area, more than two hours travel time, are entitled under the Department of Education, Employment and Workplace Relations (DEEWR) guidelines to be provided with travel, accommodation and a daily meal allowance.

## EDUCATION & EMPLOYMENT DETAILS

**Level of school education you have reached** (*e.g Year 9, HSC*) : \_\_\_\_\_  
(*Please attach copies of School Certificate, HSC results or other qualifications if applicable*)

**Are you currently employed?**            Yes                       No

**If Yes,**  
**Place of Employment:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**State:** \_\_\_\_\_                                      **Postcode:** \_\_\_\_\_

**Work Telephone No.:** \_\_\_\_\_                      **Work Fax No.:** \_\_\_\_\_

**Please give details of your past 2 employers:**

Employer 1: \_\_\_\_\_

Employer 2: \_\_\_\_\_

**If you work in a school, what is your position?** \_\_\_\_\_

**How are you employed in the school?**

Permanent                       Part-time                       Voluntary

**Are you involved in, or have you been involved in any voluntary work? If so, please provide brief details:**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

**Please list below any community organisations you are involved with:**

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_

**How will participation in this course contribute to your current involvement in your school/ community or workplace?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you been enrolled in any other courses:** *(Please circle Yes or No)*

TAFE                      Yes / No                      University                      Yes / No

**Other:** *(please specify)* \_\_\_\_\_  
*(Please attach copies of academic records – DO NOT SEND ORIGINALS)*

Name of Institution: \_\_\_\_\_

Course: \_\_\_\_\_ Year: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Course: \_\_\_\_\_ Year: \_\_\_\_\_

**Please describe your study facilities:**

a) at home: \_\_\_\_\_  
                  \_\_\_\_\_  
b) elsewhere: \_\_\_\_\_

**Please tick if you have access to any of the following:**

Video                          Internet                          Fax                          E-mail

Computer :                    MAC                        PC   

**Why do you want to do this course, and what do you hope to gain from it?**

*(e.g. knowledge, skills, sharing ideas, employment)*

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**Is there anything else you would like us to know that might affect your attendance or participation in this course?** *(e.g. medical or family commitments)*

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**Please identify school/s or other workplace situations that you expect to be involved with while doing this course:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Signed:** .....

**Date:** .....

*Please note: you will be required to successfully complete an Assessment Task prior to being accepted into this course.*

***This Application does NOT guarantee enrolment.***

**\*\* CONFIRMATION OF INDIGENOUS DESCENT**

As these programs are specifically for Indigenous Australians, applicants are required to provide confirmation that they are of Australian Aboriginal or Torres Strait Islander descent. This confirmation can be in the form of a letter of identity from your local Land Council, Legal Service, Medical Service, or other official Aboriginal or Torres Strait Islander organisation, or a Statutory Declaration.

**THIS FORM MUST BE ENCLOSED WITH YOUR APPLICATION**

**THANK YOU FOR COMPLETING THIS APPLICATION AND FOR EXPRESSING AN INTEREST IN STUDYING AT THE KOORI CENTRE NEXT YEAR.**

**Please tell us how you heard about the Koori Centre – Circle appropriate description below:**

Teacher                      Aboriginal Education Assistant                      Careers Adviser                      Word of Mouth

Web site                      Radio Ad                      School Visit                      Newspaper                      Koori Centre

Careers Market – which one? \_\_\_\_\_

Other – please describe: \_\_\_\_\_

**SUPERVISOR DETAILS**

Name: \_\_\_\_\_

Position: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Student to be supervised: \_\_\_\_\_

**KOORI CENTRE – OFFICE USE ONLY**

Application Received:     \_\_\_ / \_\_\_ / \_\_\_

Date Sent Assessment:     \_\_\_ / \_\_\_ / \_\_\_

Date Received Assessment:     \_\_\_ / \_\_\_ / \_\_\_