

ITAS STUDENT APPLICATION

Use this form to register your interest in receiving tutoring assistance.

The Indigenous Tutorial Assistance Scheme (ITAS) is open to Aboriginal and Torres Strait Islander students.

SECTION 1 - PERSONAL DETAILS - all applicants to complete

Are you Aboriginal and/or Torres Strait Islander? Yes No

Student number

Full name

Preferred name
(if applicable)

Other names that you are known by:

Date of Birth Gender Female Male

SECTION 2 - CONTACT DETAILS - all applicants to complete

Postal Address

Number & Street
or PO Box

Suburb/Town

State

Post Code

Mobile number

Home number

Work number

Email address

Home Address - If different to your postal address

Number & Street
(Cannot be a PO Box)

Suburb/Town

State

Post Code

SECTION 3 - TUTORIAL ASSISTANCE - all applicants to complete

Please list the course(s) you are enrolled in

Course code	Course name

Please list the units that you need assistance with and indicate what term you need help in by ticking the relevant box.

Unit code	Unit name	Term 1	Term 2	Term 3	Term 4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location

Where do you want the tutoring to take place? For example: on campus, at home, or both.

- On campus At home Both on campus and at home Other

Tutor

Do you have a preferred tutor?

- No, the Institute can select my tutor Yes (please provide details below)

Tutor's name

Phone

Email address

SECTION 4—IDENTIFIED SKILLS

Please tick below the skills that you need help with.

- | | |
|--|---|
| <input type="checkbox"/> Time management | <input type="checkbox"/> Referencing / bibliography |
| <input type="checkbox"/> Discussion of course content | <input type="checkbox"/> Computing / IT skills |
| <input type="checkbox"/> Assignment / essay planning | <input type="checkbox"/> Research skills |
| <input type="checkbox"/> Interpreting assignment topic | <input type="checkbox"/> Proof-reading and editing skills |
| <input type="checkbox"/> Understanding terminology | <input type="checkbox"/> Exam preparation |
| <input type="checkbox"/> Effective study skills | <input type="checkbox"/> Maths skills |
| <input type="checkbox"/> Academic writing skills | |

SECTION 5—STUDENT DECLARATION

- I declare that the information given by me in this application is true and correct and I understand that the provision of false or misleading information is a serious offence.
- I agree to participate fully in any tuition arranged.
- I understand it may take up to 2 to 3 weeks for application processing.
- I agree to give my tutor at least 12 hours notice if I cannot attend a scheduled tutorial.
- If two consecutive 'NO SHOWS' occur my contract may be cancelled.
- I agree to my name and contact details being given to a tutor.
- I will notify the Institute, in writing, of any changes to this information, within seven (7) days of that change occurring.
- I understand that the Institute does not conduct screening checks of any individual applying to become an ITAS tutor, except where required by law.
- I understand that the Institute collects this information for the purposes of administering the ITAS program and protects the information in accordance with the Privacy Act 1988.
- I understand that the Institute may disclose this information to Commonwealth, State or Territory agencies where required by law or for program reporting and monitoring purposes.

Student's signature

Date

Approved by - signature

Date