

## 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.

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### SECTION 1 - PERSONAL DETAILS - all applicants to complete

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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

Female  Male  Gender X

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### SECTION 2 - CONTACT DETAILS - all applicants to complete

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#### 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

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### SECTION 3 - TUTORIAL ASSISTANCE - all applicants to complete

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Please list the course(s) you are enrolled in

Course code	Course name



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## SECTION 5—STUDENT DECLARATION

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- 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