

Higher Education Re-Admission Application Form



This application form should be read and completed in conjunction with the Higher Education Re-Admission Fact Sheet - Student

Lodging instructions	
This application form and any documentary evidence may be lodged in person or electronically to the Admissions Officer at the faculty in which the course is delivered, or email to Highered@tafeqld.edu.au	

APPLICANT DETAILS (PLEASE USE BLOCK LETTERS AND PRINT YOUR NAME IN FULL) (E313, 314, 315, 346, 347, 402, 403, 404)

TAFE Student Number		Date of Birth	/ /
Unique Student Number (if known)		<i>(The name recorded to the left should be as shown on the following documents – Australia Passport, Australian Driver Licence, Australian Birth Certificate, Medicare Card, Visa (with Non-Australian Passport)Citizenship Certificate).</i>	
First Name			
Last Name			
Preferred Name		Previous Last Name (if any)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified		

CONTACT DETAILS (E319, 320, 406, 407, 409, 410, 411, 413, 466, 467, 468, 469, 470, 471)

Mobile No.		Home No.		Work No.	
Email Address					
Home Address					
State		Country		Post Code	
Mailing Address (Please write 'As Above' if same as home address)					
State		Country		Post Code	
Temporary Study Address					
State		Country		Post Code	
				Effective from	/ / to / /

QUALIFICATION (E306, 307, 308, 310, 329, 330, 394)

Course Code		Course Name	
Attendance Type	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Campus:	<input type="checkbox"/> South Bank <input type="checkbox"/> Southport <input type="checkbox"/> Other (name of campus).....		
When do you wish to return to study in this course?	Year:		Semester:

I WISH TO APPLY FOR READMISSION

(Select the category that applies to you and provide the information requested below)

<input type="checkbox"/> Lapsed Offer Holder <i>(You received a recent offer letter from TAFE Queensland i.e. within the last 12 months)</i>	Are you currently excluded from any other tertiary institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please provide details: A written statement outlining why you believe your Offer should be reactivated/re-issued accompanied by any other personal and academic references that support your statement, if they are available.
<input type="checkbox"/> Excluded Student	Date of exclusion from TAFE Queensland / / Please provide a brief outline of the reason/s for your exclusion from TAFE Queensland. Are you currently excluded from <u>any other</u> tertiary institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please provide details: You must attach a letter and any supporting documentation detailing the following factors: <ul style="list-style-type: none"> circumstances surrounding the exclusion change of circumstances since the exclusion to date academic and/or vocational performance since exclusion changes in attitude, capability, maturity or motivation in relation to your determination to successfully undertake the course ability to meet any professional accreditation requirements. <i>Please refer to the fact sheet to assist you in making a case for readmission.</i>
<input type="checkbox"/> Discontinued Student <i>(absent without leave, withdrawn, no current enrolment, no enrolment for 6 or more months)</i>	Are you currently excluded from any other tertiary institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please provide details: You must attach a letter and any supporting documentation detailing the following factors: <ul style="list-style-type: none"> change of circumstances since you discontinued your studies academic and/or vocational performance since you ceased study in your course changes in attitude, capability, maturity or motivation in relation to your determination to successfully undertake the course ability to meet any professional accreditation requirements. <i>Please refer to the fact sheet to assist you in making a case for readmission.</i>

ADDITIONAL STUDY COMPLETED SINCE STUDYING AT TAFE QUEENSLAND

Name of course and code:	Name of Institution:
Period of study:	Have you completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of course and code:	Name of Institution:
Period of study:	Have you completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

RELEVANT PAID/UNPAID EMPLOYMENT OR OTHER WORK EXPERIENCE

(attach resume if sufficient space) *

Position held	Company Name	Full Time	Part Time/ Casual	Duration	
				Years	Months
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

PRIVACY NOTICE

TAFE Queensland is collecting your personal information on this form for the purpose of managing your re-admission application in your course. In accordance with the Information Privacy Act 2009 (Qld), your personal information will only be accessed by staff employed by or on behalf of TAFE Queensland for this purpose. TAFE Queensland handles your personal information in accordance with our Privacy Policy (which you can view here: <https://tafeqld.edu.au/privacy>).

Your information will not be provided to any other person or agency unless you have provided TAFE Queensland with permission or as otherwise outlined in the TAFE Queensland Privacy Policy or where disclosure is permitted or required by law. Your information will be stored securely. If you wish to access or correct any of your information, discuss how it has been managed or have a concern or complaint about the way the information has been collected, used, stored, or disclosed, please contact the TAFE Queensland Privacy Officer at TAFE.Queensland@tafeqld.edu.au.

APPLICANT DECLARATION (Please read carefully)

If under the age of 18 years, this application must be signed by a parent/guardian. This includes consent for the applicant to have access to the Internet through TAFE Queensland.

I agree to abide by TAFE Queensland rules, regulations and policies and acknowledge that facilities made available for my use will be used only in accordance with the principles of proper use and relevant rules.

1. I declare that to the best of my knowledge the information supplied by me is true, correct and complete in every respect.
2. I acknowledge that the submission of false, fraudulent, incorrect, incomplete or misleading information may result in withdrawal of my re-admission offer, cancellation of my enrolment or delays in processing my application
3. I acknowledge in the circumstance that I supply inaccurate, incomplete or misleading information I shall not be eligible to apply for admission to TAFE Queensland for a period of two years and in the circumstance that I supply fraudulent information, I will be ineligible to apply for admission to TAFE Queensland.
4. I declare that I have read the instructions and that all information submitted is correct and complete.
5. I acknowledge that the provision of incorrect information may result in the cancellation by TAFE Queensland of any place which may be offered.

Applicant's Signature		Date	/ /
Parent/Guardian's Signature (If student is under 18 yrs.)		Date	/ /
Parent/Guardian's Name (If student is under 18 yrs.)			

DOCUMENTARY EVIDENCE

Please ensure the following documentation (where applicable) is attached to your application: (If you do not attach the appropriate documents your application may be delayed).

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Copy of documentary evidence such as a marriage certificate, deed poll, or other documentary evidence stating the change to your name if it has changed. |
| <input type="checkbox"/> | Copy of the academic statement of results relating to prior study not completed at TAFE Queensland. |
| <input type="checkbox"/> | Copy of documentary evidence of work experience on company letterhead if relevant. |
| <input type="checkbox"/> | Copy of documentation that outlines your change of circumstances from the time of your previous studies to now. |
| <input type="checkbox"/> | Copy of your written statement |

OFFICE USE ONLY

Date application received	/ /	Processed by:	Date: / /
Student sent letter/email acknowledgment	Date: / /		
Outcome of application:	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <refer to 119 TMP b Decision Outcome Letter to send to the student>		
Date of readmissions decision	/ /	Date student advised: / /	

APPROVALS**COURSE COORDINATOR** (*lapsed and declined offers*)

NOTE: In order to make consistent decisions, decision makers should refer to the Higher Education Re-Admission Decision Check-List – Staff, when reviewing applications for re-admission into a course.

<input type="checkbox"/> Approved <input type="checkbox"/> Recommended <input type="checkbox"/> Not approved	If declined, please provide the basis of decision:		
For lapsed <u>offers</u> and excluded/previously excluded/suspended students – recommendations are to be sent to the Dean Higher Education.			
Repeat of unit/s required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit/s to repeat	
Additional work to be completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
All credit obtained can be carried over	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
Revised Study Plan for approved applicants:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will the student complete within the maximum time requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:	Signature:	Date: / /	
Position:			
Comments/recommendations:			

DEAN HIGHER EDUCATION (*lapsed enrolment and excluded/previously excluded/suspended student*)

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	If not approved, please provide the basis of decision:		
Name:	Signature:	Date: / /	
Position:			
Comments/recommendations:			
NOTE: Students who are in breach or likely to breach maximum time to completion limits require the Director of Faculty (Lead Product Region) approval in addition to academic approval by the Dean Higher Education.			

DIRECTOR OF FACULTY (*Lead product region, for extensions to maximum time for completion approval*)

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	If not approved, please provide the basis of decision:		
Name:	Signature:	Date: / /	
Position:			
Comments/recommendations:			