

Educational Access Schemes 2016–17 Application Form

UAC USE ONLY

Before you begin:

1. Ensure you have applied for undergraduate study through UAC.
2. Read pages 2–3 of the EAS booklet on how to complete this form.
3. Read the 'Declaration and authority' on page 5 of the EAS booklet.

1 Personal details and UAC application number

UAC application number

Date of birth

Day Month Year

Name

Surname/Family name Given name Second given name

Address

Street address

Suburb State Postcode

Do you want us to process this as a change of address? Yes No

Home phone

Area code Telephone number Mobile

Name of Year 12 school

(2016 Year 12 applicants only)

2 Disadvantage code/s

Write your disadvantage code/s from 'Categories of disadvantage' on pages 12–21 in the EAS booklet.

| Disadvantage code/s | Disadvantage code/s | Disadvantage code/s | Disadvantage code/s |
|---|---|---|---|
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
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3 Centrelink Customer Reference Number (CRN)

Are you claiming disadvantage code F01A or F01B? Yes No – go to 4 Declaration and authority

If yes, write your Centrelink Customer Reference Number (CRN) here.
The CRN must be allocated to you (ie not a parent or guardian).
See F01A and F01B on page 13 of the EAS booklet for more information.

CRN

4 Declaration and authority — all applicants to complete

UAC collects information about you, including information you provide in this form to assist in the assessment of your EAS application. Institutions may also use this information to assist them develop services and facilities for future applicants. The information will be deidentified by the institutions.

We encourage you to inform those people whose personal information you have provided to us (such as the responsible person, health professional and family members) of the matters contained in this declaration.

ⓘ Your EAS application will not be processed unless you or your authorised agent read the 'Declaration and authority' on page 5 of the *Educational Access Schemes (EAS) 2016–17* booklet and accept all its conditions by signing and dating below.

If exceptional circumstances exist which make it impossible for you to complete and sign your own declaration and/or Applicant's Statement, a statement written on your behalf by the person who signs the application form must be included with your application to explain those circumstances.

Signature of applicant or authorised agent

Date

UAC USE ONLY

6 Medical Impact Statement (MIS)

If you are claiming the disadvantage code P01A, you must arrange for this Medical Impact Statement to be completed or your application may not be assessed.

| | | | | | | | | | |
|---------------------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Applicant's Surname/Family name | | Given name | | | UAC application number | | | | |

Registered health professional to complete

See page 7 of the EAS booklet for examples of a registered health professional. This person must not be related to the applicant.

Applicants **must not** write in this section.

 Before completing this statement, read the corresponding section in 'Categories of disadvantage' on pages 12–21 in the EAS booklet.

If more than one condition/disability is being claimed, where a significant disparity exists between the impact and/or duration of the condition, please complete a separate MIS for each.

Nature of the condition

List the condition/s affecting the applicant

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

How long has the applicant been affected by the medical condition/disability?

Less than
6 months

6-11
months

1-2 years

More than
2 years

How many times have you seen the applicant during the past two years specifically regarding the medical condition/disability described above?

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Treatment

Please describe the nature and duration of any treatment for the medical condition/disability. Please sign at the end of your comments.

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Impact

Indicate the impact of the applicant's circumstances on their educational performance by ticking the appropriate box.

Extreme

Considerable

Moderate

Slight

Not at all

Support the impact level by describing the ways in which the applicant's long-term medical condition/disability and/or treatment has affected their ability to study.

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Details of registered health professional

Name (print)

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Position/occupation

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Name of organisation

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Address

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Suburb

| |
|----------------------|
| <input type="text"/> |
|----------------------|

State

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Postcode

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Daytime telephone

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Alternative telephone

| |
|----------------------|
| <input type="text"/> |
|----------------------|

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Signature

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Date

7 Declaration – provision of third party health information

If you are providing health information about someone other than yourself, you should obtain that person's consent where possible by requesting they complete, sign and date declaration 7A. If you are unable to obtain that person's consent in writing, due to illness or extenuating circumstances, provide an explanation, sign and date declaration 7B.

Declaration 7A

I _____ give consent for _____
to supply health information about me in this Educational Access Schemes application. I understand that I can access my health information by writing to UAC.

Third party's signature

Date

Declaration 7B

After having taken reasonable steps to obtain third party consent in order to provide health information about that person, I was unable to because:

Applicant's signature

Date

8 Checklist

I have:

- Submitted an application for undergraduate admission through UAC
- Read all the relevant sections of the EAS booklet
- Completed page 1 of this form; including my UAC application number and disadvantage code/s
- Read the 'Declaration and authority' on page 5 of the EAS booklet and signed and dated page 1 of this form
- Completed an Applicant's Statement for each disadvantage code I have claimed
- Arranged for an EIS to be completed for each disadvantage code/s I have claimed that requires it
- Arranged for the MIS to be completed if I have claimed disadvantage code P01A
- Attached my supporting documentation (refer to page 4 of the EAS booklet)
- Made a copy of my application form and all attached documentation for my own records

You can submit supporting documentation for your EAS application up to 4.30pm on Friday 6 January 2017 for consideration in the Main Round of offers.

UAC will not follow up missing or insufficient supporting documentation for any EAS applicant.

UAC does not make allowances or take responsibility for late mail or courier deliveries, or for applications lost in the mail.

Return this form to UAC

By Post

Confidential – Educational Access Schemes
UAC, Locked Bag 112
Silverwater NSW 2128

or

In Person

Office hours: 8.30am–4.30pm (Monday–Friday)
Confidential – Educational Access Schemes
UAC, Quad 2, 6 Parkview Drive
Sydney Olympic Park NSW 2127