

5A Applicant's Statement

All applicants must complete this section themselves in their own words and a separate statement must be completed for each disadvantage code you are claiming.

Disadvantage code

UAC application number

Provide brief details of disadvantage

Applicant's name (print)

Applicant's signature

Date

5B Educational Impact Statement (EIS) – School or responsible person to complete

See page 7 of the EAS booklet for examples of a responsible person. 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 9–20 in the EAS booklet.

An EIS is not required for disadvantage codes: D01A, D01B, D01C, D01D, F01A, F01B, F01D, L01C, R01A, S01C, S01E, S01R.

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

Confirmation of disadvantage

Briefly advise if you are able to confirm the details included in the Applicant's Statement for the disadvantage the applicant claims to have experienced. Please advise if the disadvantage has/has not directly affected their educational performance in Years 11 and/or 12, or equivalent. Please sign at the end of your comments.

Duration of disadvantage _____ years _____ months

Details of responsible person completing the EIS

Name (print)

Position/occupation

Name of organisation

Address

Suburb

State

Postcode

Daytime telephone

Alternative telephone

Signature

Date

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Applicant's name (print)

Applicant's signature Date

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Extreme **Considerable** **Moderate** **Slight** **Not at all**

Confirmation of disadvantage

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Duration of disadvantage _____ years _____ months

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Details of responsible person completing the EIS

Name (print)

Position/occupation

Name of organisation

Address

Suburb State Postcode

Daytime telephone Alternative telephone

Signature

Date

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Considerable

Moderate

Slight

Not at all

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Duration of disadvantage

_____ years

_____ months

Details of responsible person completing the EIS

Name (print)

Position/occupation

Name of organisation

Address

Suburb

State

Postcode

Daytime telephone

Alternative telephone

Signature

Date

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.

Applicant's Surname/Family name

Given name

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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 9–20 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

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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?

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Treatment

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

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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.

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Details of registered health professional

Name (print)

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Position/occupation

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Name of organisation

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Address

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Suburb

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State

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Postcode

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Daytime telephone

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Alternative telephone

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Signature

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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 6 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
- Made a copy of my application form and all attached documentation for my own records

**Submit your EAS application by Thursday 30 November 2017 to guarantee inclusion in December Round 2
or by Wednesday 3 January 2018 to guarantee inclusion in January Round 1.**

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

Remember!

- You can submit only *one* EAS application form.
- Return this form to UAC.
- Keep a copy of your EAS application form and documents.

Why? You may have to provide a copy of your EAS application form and all documentation to your institution if you require ongoing support during your studies.

- Submit your EAS application by Thursday 30 November 2017 to guarantee inclusion in December Round 2 or by Wednesday 3 January 2018 to guarantee inclusion in January Round 1.

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

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: If you have a disability and are :
: having problems applying through :
: UAC, contact us. You can call us :
: on 1300 ASK UAC (1300 275 822) :
: between 8.30am and 4.30pm :
: (Sydney time) Monday to Friday, :
: email using the enquiry form at :
: uac.edu.au/enquiry or write to: :
: Equity Unit, UAC, Locked Bag 112, :
: Silverwater NSW 2128 Australia. :
: We will help you with your :
: application. :
:.....