UAC Application Number:

Applicant Name:

Applicant Address:

SAMPLE ONLY: DO NOT COMPLETE THIS FORM

Educational impact statement

To be completed by the school or a responsible person.

1. To the best of your knowledge, have you determined that the circumstances described by the applicant have had a detrimental effect on their educational performance?

   ☐ Yes ☐ No

2. If yes, indicate the impact of the applicant's circumstances on their educational performance by ticking (✓) the appropriate box.

   ☐ Extreme ☐ Considerable ☐ Moderate ☐ Slight

3. What was the duration of the educational impact?

Years	Months

4. What are the school years that have been impacted (eg Year 11 and/or Year 12)? Please tick ( ) the appropriate box.

   ☐ Year 11 only ☐ Year 12 only ☐ other (eg tertiary study period, please indicate):

5. Optional comment.

UAC Application Number:

Applicant Name:

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SAMPLE ONLY: DO NOT COMPLETE THIS FORM

Details of person completing the educational impact statement

Name | Position/occupation

Name of organisation (if applicable)

Address

State | Postcode

Daytime telephone | Alternate telephone

Signature (Name)

☐ I declare that I have provided true and complete information. (For information about UAC's procedures for processing applications suspected of being untrue or incomplete, read 'Applicant responsibilities.')

Date