

Supplementary EAS 2017–18 Application Form

UAC USE ONLY

Only use this application form to add one or more additional disadvantages to an EAS application you have already submitted in this application period.

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

Home phone

Area code Telephone number

Mobile

Name of Year 12 school

(2017 Year 12 applicants only)

2 Disadvantage code/s – Write your disadvantage code/s from pages 9–20 in the EAS booklet.

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

3 Centrelink Customer Reference Number (CRN)

If you are claiming disadvantage code F01A or F01B

write your Centrelink Customer Reference Number (CRN) here. The CRN must be allocated to you (ie not a parent or guardian). Read page 4 of the EAS booklet.

Your CRN

If you are claiming disadvantage code F01D

have your parent/guardian write their Centrelink Customer Reference Number (CRN) here and have them complete the Parent/guardian Declaration and Authority. Read page 4 of the EAS booklet.

Parent/guardian CRN

Parent/guardian Declaration and Authority (All details to be exactly as per Centrelink records.)

I _____ (____/____/____) authorise:
Given name Surname/Family name Date of birth (DD/MM/YY)

- UAC to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my customer details and concession card status in order to enable the business to determine if my child/ward qualifies for a concession, rebate or service
- the Australian Government Department of Human Services (the department) to provide the results of that enquiry to UAC.

I understand:

- that the department will disclose personal information to UAC including my name/date of birth/payment type/payment status/maximum rate/payment grant date/one off payment/income/assets/deductions/number of dependent children/shared care arrangements/partner status/Youth Allowance Independent Rate to confirm my child/ward(s) eligibility for Educational Access Schemes
- this consent, once signed, remains valid while my child/ward is a customer of UAC unless I withdraw it by contacting UAC
- I can get proof of my circumstances/details from the department and provide it to UAC so that my child's/ward's eligibility for Educational Access Schemes can be determined
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, my child/ward may not be eligible for the Educational Access Schemes provided by UAC.

Parent/guardian signature

Date

4 Declaration and Authority – ALL applicants must complete

Read the 'Declaration and Authority' on page 6 of the *Educational Access Schemes (EAS) 2017–18* 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

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

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 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

<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"/>
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Postcode

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