



## 5 Applicant's statement and Educational impact statement

A separate Applicant's statement must be completed for each educational disadvantage you have claimed in your application.

If you don't submit a separate Applicant's statement for each disadvantage you have claimed, your application will not be assessed.

If you've claimed more than three disadvantages in your application, you must make copies of this page or download additional copies from [www.uac.edu.au/undergraduate/admission/eas.shtml](http://www.uac.edu.au/undergraduate/admission/eas.shtml) to complete and attach to your application, for those codes.

A separate Educational impact statement must be completed for the following disadvantages: F01C, H01A, H01B, H01C, H01D, H03A, H03B, H03C, H04A, P01A, L01A, L01B.

If you don't submit a separate Educational impact statement for the disadvantages listed, your application will not be assessed.

### Applicant's statement – applicants must complete this section themselves in their own words\*



Before you complete this section, read the relevant parts of the EAS booklet, especially **Table 2 Types of disadvantage** which gives guidelines about the essential information you need to include in your Applicant's statement and pages 11 and 12 about providing documents.

ED code \_\_\_\_\_ Provide brief details of disadvantage (from Table 2) \_\_\_\_\_

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List the correctly verified documents you've attached to support this educational disadvantage \_\_\_\_\_

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Applicant's name (print) \_\_\_\_\_ UAC application number \_\_\_\_\_

Applicant's signature\* \_\_\_\_\_ Date \_\_\_\_\_

*\* If exceptional circumstances exist which make it impossible for you to complete and sign your own 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.*

### Educational impact statement – responsible person to complete – applicants must not write in this section



Before you complete this statement, read the relevant parts of the EAS booklet, especially **Table 2 Types of disadvantage**.



**Impact** Indicate the impact of the educational disadvantage on the applicant's educational performance by ticking the appropriate box.

Extreme     Considerable     Moderate     Slight     Not at all

#### A Educational disadvantage

Briefly advise if you are able/unable to confirm the details included in the applicant's statement for the disadvantage they claim to have experienced.

Please advise if the disadvantage claimed has or has not directly affected their educational performance during Years 11 or 12 or equivalent.

(Where appropriate include information about the level of the applicant's performance prior to the disadvantage.)

Duration of disadvantage \_\_\_\_\_ years    \_\_\_\_\_ months

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*Please sign at the end of your written comments.*

#### B Details of responsible\*\* person

Name (print) \_\_\_\_\_ Position/occupation \_\_\_\_\_

Name of organisation (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Daytime telephone \_\_\_\_\_ Alternative daytime telephone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**School stamp or business stamp** (if one exists)

**\*\*Read "Instructions for filling in your 2012 EAS application form" on page 8 in the EAS booklet for examples of a responsible person. The person must not be related to the applicant.**

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Name of organisation (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Daytime telephone \_\_\_\_\_ Alternative daytime telephone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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(Where appropriate include information about the level of the applicant's performance prior to the disadvantage.)

Duration of disadvantage \_\_\_\_\_ years    \_\_\_\_\_ months

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*Please sign at the end of your written comments.*

#### B Details of responsible\*\* person

Name (print) \_\_\_\_\_ Position/occupation \_\_\_\_\_

Name of organisation (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Daytime telephone \_\_\_\_\_ Alternative daytime telephone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**School stamp or business stamp** (if one exists)

**\*\*Read "Instructions for filling in your 2012 EAS application form" on page 8 in the EAS booklet for examples of a responsible person. The person must not be related to the applicant.**

## 6 Medical impact statement

If you've entered the ED code P01A in your application you **must** arrange for this Medical impact statement to be completed or your application may not be assessed.


- This statement must be completed by a registered health professional who is treating the medical condition/disability you have claimed in your EAS application. All parts must be completed.
- Examples of a registered health professional are a medical practitioner, psychologist or specialist who is familiar with your circumstances and who can provide information on the medical condition/disability and its effect on your ability to study. **The person must not be related to you.**
- If you need to arrange for the Medical impact statement to be completed as well as the Educational impact statement, they must not be completed by the same person.

### Applicant to complete

Applicant's surname/family name	Given name	UAC application number

### Health professional to complete – applicants must not write in this section

 Before you complete this statement, read the relevant parts of the EAS booklet, especially *Table 2 Types of disadvantage*.

 **Impact** Indicate the impact of the medical condition/disability on the applicant's ability to study by ticking the appropriate box.

Extreme       Considerable       Moderate       Slight       Not at all

#### A Medical condition/disability

Describe the condition 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 about his/her medical condition/disability?

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#### B Effect on ability to study

Describe the way in which the applicant's long term medical condition/disability and/or medication has affected his/her ability to study.

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#### C Details of registered health professional (for example, a medical practitioner, psychologist or specialist, who is not related to the applicant).

Name (print) \_\_\_\_\_  
Position/occupation \_\_\_\_\_ Reg/Provider No. \_\_\_\_\_  
Name of organisation (if applicable) \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## 7 Declaration – provision of third party health information

If you're providing health information about someone other than yourself, you should obtain that person's consent where possible\* by requesting that person to complete, sign and date the following declaration.

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*You may not be able to obtain that person's consent in writing, or it may not be appropriate to seek that consent due to extenuating circumstances. In this case you must provide an explanation. Please complete, sign and date the following declaration.*

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Checklist – things you must do

Before you submit your EAS application check that you've:

- submitted your application for admission through UAC
- read all the relevant sections of your EAS booklet
- clearly printed your ED codes in section 3 using only the codes listed in Table 2
- completed an *Applicant's statement* for each ED code you've claimed
- arranged for the *Medical impact statement* to be completed if you've included ED code P01A
- attached all necessary documents; they must be **verified correctly**. See page 11 of the EAS booklet
- read the Declaration and authority on page 10 of the EAS booklet and signed and dated page 1 of your application
- kept a copy of your ED codes on page 10 of the EAS booklet
- kept a copy of your application form
- kept a copy of all documentation.

**You must provide all supporting documents with your original EAS application. If you submit documents after you've submitted your EAS application, they will NOT be assessed.**