EAS APPLICATION FORM 2019–20

Use this application form only if you are unable to apply online. Apply online at uac.edu.au/eas-applications.

You can submit only one EAS application form.

Return this form to UAC.

Keep a copy of your EAS application form and documents.

Why? Hard copy applications and documents received by UAC will be scanned and uploaded for assessment and then disposed of. 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 and supporting documents by Sunday 8 December 2019 to guarantee receipt of eligibility letters for December Round 2 or by Friday 27 December 2019 to guarantee inclusion in January Round 1.

If you need more room to write your statement, use a separate sheet of paper.

UAC will not contact you in relation to insufficient documents.

Your application can't be assessed until your supporting documents have been provided.

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.
## 1 Personal details and UAC application number

<table>
<thead>
<tr>
<th>UAC application number</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day Month Year</td>
</tr>
</tbody>
</table>

**Name**

<table>
<thead>
<tr>
<th>Surname/Family name</th>
<th>Given name</th>
<th>Second given name</th>
</tr>
</thead>
</table>

**Address**

<table>
<thead>
<tr>
<th>Street address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Suburb</th>
<th>State</th>
<th>Postcode</th>
</tr>
</thead>
</table>

**Home phone**

<table>
<thead>
<tr>
<th>Area code</th>
<th>Telephone number</th>
</tr>
</thead>
</table>

**Mobile**

<table>
<thead>
<tr>
<th>Area code</th>
<th>Telephone number</th>
</tr>
</thead>
</table>

**Name of Year 12 school**

(2019 Year 12 applicants only)

## 2 Disadvantage code/s – Write your disadvantage code/s from the corresponding section at uac.edu.au/eas-disadvantage.

|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|

## 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).

**Your CRN**

## 4 Declaration and Authority – ALL applicants MUST complete

Read the 'Declaration and Authority' on the UAC website at uac.edu.au/privacy 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.

<table>
<thead>
<tr>
<th>Signature of applicant or authorised agent</th>
<th>Date</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Disadvantage code</th>
<th>UAC application number</th>
</tr>
</thead>
</table>

Provide brief details of disadvantage

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Applicant’s name (print)                          

Applicant’s signature                          Date

5B Educational Impact Statement (EIS) – To be completed by the school or a responsible person.

Visit uac.edu.au/faqs-eas 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 the UAC website.

An EIS is not required for disadvantage codes: D01A, D01B, D01C, D01D, F01A, F01B, F01D, H04B, L01C, R01A, S01C, S01R, AG01.

1. Have you identified an impact of the circumstances described by the applicant, 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 disadvantage?

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Put a dash (-) in any unused boxes

4. Please provide details of the educational impact.

__________________________________________________________

__________________________________________________________

__________________________________________________________

Details of responsible person completing the Educational Impact Statement

Name (print)                          

Position/occupation                          

Name of organisation (if applicable)                          

Address                          

Suburb                          State                          Postcode

Daytime telephone                          Alternative telephone

Signature                          Date
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) – To be completed by the school or a responsible person.
Visit uac.edu.au/faqs-eas 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 the UAC website.
An EIS is not required for disadvantage codes: D01A, D01B, D01C, D01D, F01A, F01B, F01D, H04B, L01C, R01A, S01C, S01R, AG01.

1. Have you identified an impact of the circumstances described by the applicant, 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 disadvantage?

   Years ______________ Months ______________

   Put a dash (−) in any unused boxes

4. Please provide details of the educational impact.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Details of responsible person completing the Educational Impact Statement

Name (print) __________________________

Position/occupation __________________________

Name of organisation (if applicable) __________________________

Address __________________________

Suburb __________________________ State __________________________ Postcode __________________________

Daytime telephone __________________________ Alternative telephone __________________________

Signature __________________________ Date __________________________
You're not eligible for P01A if:
- you become ill or suffer a condition that affects your examination performance only, or
- you have suffered a series of minor illnesses, or
- you have an ongoing minor medical condition stabilised by medication, or
- you are only receiving ongoing rehabilitation or treatment, where the commitment is less than two hours per week.

1. What is your medical condition/disability?

2. Describe the nature and impact of your medical condition/disability.

3. Provide details of the period you've had your medical condition/disability and the school years involved.

4. Provide details of any treatment you've received, or are receiving, for your medical condition/disability.

5. Describe the effects of your condition/disability on your educational performance.

6. If you have any other information specific to this claim that may inform our assessment, please provide details.

Applicant's name (print) ____________________________
Applicant's signature ____________________________ Date ________________

Disadvantage code P 0 1 A
UAC application number ____________
5B Educational Impact Statement (EIS) – To be completed by the school or a responsible person.

Visit uac.edu.au/faqs-eas 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 the UAC website.

An EIS is not required for disadvantage codes: D01A, D01B, D01C, D01D, F01A, F01B, F01D, H04B, L01C, R01A, S01C, S01R, AG01.

1. Have you identified an impact of the circumstances described by the applicant, 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 disadvantage?

   Years □ Months □

   Put a dash (-) in any unused boxes

4. Please provide details of the educational impact.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Details of responsible person completing the Educational Impact Statement

Name (print) ____________________________
Position/occupation ____________________________
Name of organisation (if applicable) ____________________________
Address ____________________________
Suburb ____________________________ State ______ Postcode ______
Daytime telephone ____________________________ Alternative telephone ____________________________

Signature ____________________________ Date ______
6 Medical Impact Statement (MIS) – P01A only

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  UAC application number

To be completed by a registered health professional.

See the corresponding section in ‘Providing documents to support your application’ at uac.edu.au/documents 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 the UAC website.

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.

1. List the condition/disability affecting the applicant.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. How long has the applicant been affected by the long-term medical condition/disability?

☐ Less than six months  ☐ 6-11 months  ☐ 1-2 years  ☐ More than 2 years

3. How many times have you seen the applicant during the past two years specifically about the medical condition/disability?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

4. Describe the nature and duration of any treatment for the medical condition/disability.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

5. Describe the ways in which the applicant’s long-term medical condition/disability and/or treatment has affected their educational performance.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

6. Impact:

Indicate the impact of the applicant’s condition/disability on their educational performance by ticking (✓) the appropriate box.

☐ Not at all  ☐ Slight  ☐ Moderate  ☐ Considerable  ☐ A great deal

Details of registered health professional

Name (print) _____________________________ Reg/Provider no. _____________________________

Position/occupation _____________________________

Name of organisation (if applicable) _____________________________

Telephone _____________________________

Signature _____________________________ 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 EAS sections on the UAC website
- Completed page 1 of this form; including my UAC application number and disadvantage code/s
- Read the 'Declaration and Authority' at uac.edu.au/privacy 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 and supporting documentation by Sunday 8 December 2019 to guarantee receipt of eligibility letters for December Round 2 or by Friday 27 December 2019 to guarantee inclusion in January Round 1.

- Use this application form only if you are unable to apply online.
- You can submit only one EAS application form.
- Return this form to UAC.
- Keep a copy of your EAS application form and documents.
- Why? Hard copy applications and documents received by UAC will be scanned and uploaded for assessment and then disposed of. 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 and supporting documents by Sunday 8 December 2019 to guarantee receipt of eligibility letters for December Round 2 or by Friday 27 December 2019 to guarantee inclusion in January Round 1.
- If you need more room to write your statement, use a separate sheet of paper.
- UAC will not contact you in relation to insufficient documents.
- Your application can’t be assessed until your supporting documents have been provided.

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

- 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

Page 7