Student Application for Tuition

INDIGENOUS TUTORIAL ASSISTANCE SCHEME (ITAS)

Centre for Aboriginal Studies

UNDERGRADUATE COURSE
Student Details

Name: ___________________________________________ Student Id: _________________

Date of Birth: __________________________ Aboriginal and/or Torres Strait Islander: Yes / No

Address: _________________________________________________________________________

State: _____ Postcode: _____

Email: __________________________________________________________________________

Telephone: (h) _________________ (w) _________________ (mob) ___________________

Please advise the units you are seeking tutorial assistance in;

Block Tuition Home Tuition Both Email (please circle one)

Course Name: ________________________________________________________________

Year of course: 1 / 2 / 3 / 4 Semester: ____

<table>
<thead>
<tr>
<th>SEMESTER UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit Code</td>
</tr>
<tr>
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</tbody>
</table>

Give details about your required learning needs in these subjects (e.g. assignment writing, referencing, understanding theories and principles, exam preparation, organisational skills, library orientation).

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
**Tutor Nomination**

Complete the following if you wish to nominate a tutor(s):

<table>
<thead>
<tr>
<th>Nominated Tutor’s Name</th>
<th>Unit(s)</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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</tbody>
</table>

If you are unable to locate a suitable tutor, please liaise with the ITAS Officer at CAS.

**Conflict of Interest**

Is the tutor(s) you have nominated considered a **Conflict of Interest** to you? **Yes / No**

The following situations involve a conflict of interest:
- the student and the proposed tutor are members of the same immediate or de-facto family;
- any other circumstance that compromises the professional integrity of staff, tutors or students.

For the purposes of these guidelines “family” means a person who:
- is related by blood or marriage; or
- has a strong affinity with the individual; or
- stands in a bona fide domestic or household relationship with the individual; or
- is a child or adopted child of the individual; or
- is a child or adopted child of the person standing in a bona fide domestic or household relationship with the individual

In signing this application I am advising that, to my knowledge, my details are correct and my chosen tutor (if applicable) is not a Conflict of Interest.

Student Signature: ____________________________ Date: ________________

*For further information regarding this application for tuition please contact the ITAS Officer on (08) 9266 2893 or (08) 9266 7091.*
Please note: Tuition hours are based on the education assessment and the student’s grades

**Education Assessment** (To be completed and signed by each of the Lecturer’s or Course Co-ordinator’s for each unit the student is requesting tuition.)

<table>
<thead>
<tr>
<th>Does the student fall under one of the below categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ The student is failing the course/unit and you believe that the student’s performance would be improved through additional tuition.</td>
</tr>
<tr>
<td>☐ The student is just passing the course and you believe that the student’s performance would be improved through additional tuition.</td>
</tr>
<tr>
<td>☐ The student was previously performing satisfactorily but are having difficulties with a new component of the course and are in danger of failing or falling behind which requires short term tuition.</td>
</tr>
<tr>
<td>☐ The student requires tutorial assistance to achieve an academic level or ranking required to proceed to a subsequent stage or course of study.</td>
</tr>
</tbody>
</table>

**Educator Assessment Unit 1**

<table>
<thead>
<tr>
<th>Agreed units to be supported through ITAS Assistance</th>
<th>Requested Tuition Hours (max 2 hours per week per unit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit Code</td>
<td>Unit Name</td>
</tr>
</tbody>
</table>

*Please give specific details about the student’s learning needs and the areas of support required*

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

*Tuition Declined – please specify*

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

**Educator Name:**

**Position:**

**Signature:**

**Date:**
### Educator Assessment Unit 2

<table>
<thead>
<tr>
<th>Agreed units to be supported through ITAS Assistance</th>
<th>Requested Tuition Hours (max 2 hours per week per unit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit Code</td>
<td>Unit Name</td>
</tr>
</tbody>
</table>

Please give specific details about the student’s learning needs and the areas of support required
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Tuition Declined – please specify
________________________________________________________________________________________
________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Educator Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position:</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

### Educator Assessment Unit 3

<table>
<thead>
<tr>
<th>Agreed units to be supported through ITAS Assistance</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Unit Code</td>
<td>Unit Name</td>
</tr>
</tbody>
</table>

Please give specific details about the student’s learning needs and the areas of support required
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Tuition Declined – please specify
________________________________________________________________________________________
________________________________________________________________________________________

<table>
<thead>
<tr>
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<tr>
<td>Position:</td>
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<tr>
<td>Signature:</td>
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<tr>
<td>Date:</td>
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</table>
**Educator Assessment Unit 4**

<table>
<thead>
<tr>
<th>Unit Code</th>
<th>Unit Name</th>
<th>Requested Tuition Hours (max 2 hours per week per unit)</th>
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</table>

**Please give specific details about the student’s learning needs and the areas of support required**

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

**Tuition Declined – please specify**

________________________________________________________________________________________

________________________________________________________________________________________

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**Educator Name:**

**Position:**

**Signature:**

**Date:**
ITAS Office Use Only:

Eligibility Checklist

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Is the student of Indigenous descent, self-identified, and accepted by his/her own community?</td>
<td></td>
</tr>
<tr>
<td>Is the student enrolled in formal education that commencing within the following month?</td>
<td></td>
</tr>
<tr>
<td>Is the student seeking tuition for subjects within his/her formal course, or the skills necessary to complete the course?</td>
<td></td>
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<tr>
<td>Is the student likely to benefit from tuition?</td>
<td></td>
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<tr>
<td>Was the education assessment specific enough to justify assistance?</td>
<td></td>
</tr>
<tr>
<td>Has the student previously received ITAS assistance?</td>
<td></td>
</tr>
<tr>
<td>Does the student fall under one of the four tuition needs assessment categories?</td>
<td></td>
</tr>
</tbody>
</table>

Assistance Recommended: YES / NO

Tuition to commence (date): ____________________ Tuition to end (date): ____________________

<table>
<thead>
<tr>
<th>Unit Name</th>
<th>Hours Per Week</th>
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<tbody>
<tr>
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Signature: ____________________ Date: ______________

Application Notes:

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