

ITAS Office Use:

Student Name: _____

Student Id: _____

Semester:___ Year:_____ Home/Curtin

Date Application Lodged: _____

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: _____

SEMESTER UNITS	
Unit Code	Unit Title

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):

	Nominated Tutor's Name	Unit(s)	Contact Details
1.			
2.			

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: _____

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.)

Does the student fall under one of the below categories	
<input type="checkbox"/>	The student is failing the course/ unit and you believe that the student's performance would be improved through additional tuition.
<input type="checkbox"/>	The student is just passing the course and you believe that the student's performance would be improved through additional tuition.
<input type="checkbox"/>	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.
<input type="checkbox"/>	The student requires tutorial assistance to achieve an academic level or ranking required to proceed to a subsequent stage or course of study.

Educator Assessment Unit 1

Agreed units to be supported through ITAS Assistance			Requested Tuition Hours (max 2 hours per week per unit)
Unit Code		Unit Name	

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

Agreed units to be supported through ITAS Assistance			Requested Tuition Hours (max 2 hours per week per unit)
Unit Code		Unit Name	

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 3

Agreed units to be supported through ITAS Assistance			Requested Tuition Hours (max 2 hours per week per unit)
Unit Code		Unit Name	

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 4

Agreed units to be supported through ITAS Assistance			Requested Tuition Hours (max 2 hours per week per unit)
Unit Code		Unit Name	

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:	

