

ITAS Officer Use:

Student Name: _____

Student ID: _____

Semester: _____ Year: _____ Curtin / Home

Date Application Lodged: _____

Student Application for Tuition
Indigenous Student Success Programme (ISSP)
INDIGENOUS TUTORIAL ASSISTANCE SCHEME (ITAS)



Centre for Aboriginal Studies



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:

Course Name: _____

Year of course: Enabling / 1 / 2 / 3 / 4 / Other Semester: 1 / 2

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.

Please note that under no circumstances can tutoring commence without first submitting your application for processing and confirmation to commence has been received from 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 the best of my knowledge, my details are correct, my chosen tutor (if applicable) is not a Conflict of Interest and I understand that under no circumstances can tutoring commence until my application has been processed, approved and I have been advised as such from the ITAS Officer at CAS.

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.)

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 Not Supported – please specify:

Educator Name:	
Position:	
Signature:	
Date:	

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 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 Not Supported – please specify:

Educator Name:	
Position:	
Signature:	
Date:	

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 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 Not Supported – please specify:

Educator Name:	
Position:	
Signature:	
Date:	

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 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 Not Supported – please specify:

Educator Name:	
Position:	
Signature:	
Date:	