

Family Name:	Student ID Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Given Names:	Title: (Mr, Ms, Miss, Mrs, Dr) Gender: Male/Female
Course Title:	Date of Birth: / /
Signature of Student:	Date: / /

1. Do you have a disability, impairment or long term medical condition?

No Yes If Yes, the disability or medical condition is described as:

Hearing Learning Medical Mobility Vision
 Other _____ I would like to receive advice on support services

2. Educational Statistics

Did you complete Year 12? No Yes If Yes, in what year did you complete Year 12?

3. Are you of Aboriginal or Torres Strait Islander Descent?

Are you of Aboriginal Descent? No Yes
 Are you of Torres Strait Descent? No Yes

4. Please select the citizenship/residency status that applies to you?

Australian Citizen (1) New Zealand Citizen (2) Permanent Humanitarian Visa (8)*
 Permanent Resident Status (3)* Date you obtained Permanent Resident Status / /
 Temporary Entry Permit (4) - *please note if you are the holder of a temporary visa you must apply as an International Student. Please contact La Trobe International for further information. La Trobe International: Phone (03) 9479 1199; Email: International@latrobe.edu.au; webpage: www.latrobe.edu.au/international*
 Other (please specify) *** Please provide proof e.g. passport**

5. Residence

Permanent home residence postcode: If residence is overseas, state country: _____
 Semester residence postcode: If residence is overseas, state country: _____
 Country of Birth: _____ If born overseas, indicate year of arrival in Australia:
 Language spoken at permanent residence: _____
 Year 12 residence suburb postcode: If Year 12 residence is overseas, state country: _____

6. Highest educational participation and year of participation

What is your highest level of educational participation prior to commencement of this course?

<input type="checkbox"/> 02 Completed Higher Educational postgraduate level course	completion year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 03 Completed Higher Educational Bachelor level course	completion year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 04 Completed Higher Education sub-degree level course	completion year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 05 Have started but not completed Higher Education course	last year of participation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 07 Completed final year of secondary education course at school or TAFE	completion year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 08 Completed other qualification or certificate of attainment or competence - complete or incomplete	completion year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 09 No prior educational attainment		
<input type="checkbox"/> 10 Completed Vocational & Technical Education course (e.g. TAFE)	completion year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 11 Have started but not completed a Vocational & Technical Education course (e.g. TAFE)	last year of participation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Privacy Notice

Details regarding collection, use disclosure and access of personal information from this form are available from the following website address www.latrobe.edu.au/privacy, or by contacting your local Student Administration Office, or by telephone at (03) 9479 2005.

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