

APPLICANT DETAILS

Name:

QTAC Application Number:

ELIGIBILITY TO APPLY

Complete this form if you have experienced a disrupted or difficult home environment or excessive caring responsibilities **which have affected your most recent study.**

APPLICANT STATEMENT

During my education I have experienced one or more of the following:
(please tick the relevant box/boxes)

- Family conflict (significant dysfunction)
- Legal separation or divorce (self or parents)
- Substance abuse (family member) generally living in the same household
- Lack of stable housing (eviction etc)
- Forced to be independent under the age of 18
- Abuse where you reside (domestic, physical, psychological, sexual)
- Assault where you reside (rape, attempted)
- Lack of support for education due to cultural demands and expectations
- Required to provide care for sibling(s) in excess of normal domestic responsibilities

- Caring for a disabled or seriously ill person or member of household
- Death or serious illness of a family member or member of household
- Home affected by disaster (including drought)
- Disruption as a result of being in or recently leaving foster care/out-of-home care
- Note:** Institutions offer a range of support services for applicants who are in or have been in **foster care/out-of-home care.** For further information you can contact the institutions directly or alternatively, if you are willing to be contacted by institutions for more information about support that is available, please tick here.*

PERSONAL STATEMENT

The circumstances I have experienced in my home environment were/are:

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This affected my study because:

Applicant to sign: _____

SUPPORTING DOCUMENTATION (documents must be included with this form)

If your school is aware of your situation it would benefit your case to have them complete a School Statement.

You MUST provide supporting documents. Depending on your circumstances, this could include (please tick the documents you have provided):

A letter from your General Practitioner (GP) verifying your home circumstances
Medical/insurance reports
A Death Certificate
A police report/statement
A letter from a psychologist or counsellor verifying your home circumstances

Court/legal documents/solicitor's letter
Centrelink documents supporting your situation
A letter from a community organisation with direct knowledge of your home circumstances
A letter from the Queensland Department of Children, Youth Justice and Multicultural Affairs or the equivalent interstate or overseas government department

Attach this to documentation and return to QTAC

Upload your documentation to your online application at <https://applications.qtac.edu.au>.

7 August 2020

To whom it may concern,

I am writing to support Tom Robertson's application for special consideration under the Queensland Tertiary Admissions Centre's Educational Access Scheme.

I have known Tom for five years and represented him in the 2016-2018 divorce proceedings from his ex-wife Teresa Edgars.

This was a stressful and challenging time for Tom. The protracted dispute over custody of their two children and division of shared assets made it impossible for him to dedicate full attention to his studies.

I know him to be a capable and resilient individual and fully support his application for university admission.

Please do not hesitate to contact me should you require further information.

Sincerely,

Robert Jones,

LLB, BIT, ADR

Director Jones Family Law

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QTAC Application Number: _____

ELIGIBILITY TO APPLY

Complete this form if you have experienced personal injury, illness or have a diagnosed disability and your education provider could not fully compensate for your circumstances.

APPLICANT STATEMENT (please tick the relevant box. You can select more than one option)

1. I have experienced:

- A disability
- A long-term or recurrent medical or psychological condition
- A serious short-term medical or psychological condition
- Learning difficulties

2. Name of my condition or disability: _____

I have obtained Approved Provisions from my state Education Authority for access arrangements and reasonable adjustments for assessment. Copy of letter of advice attached.

3. My condition affected my most recent studies because: **(please type directly onto the form or print clearly)**

Applicant to sign: _____

SUPPORTING DOCUMENTATION (documents must be included with this form)

You MUST provide the following supporting documentation that substantiates the information you provided in your personal statement:

- Page 2 of this form completed by your school if you are a Year 12 student
- Page 3 of this form completed by your Primary Health Care Provider (generally your General Practitioner)

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SCHOOL STATEMENT (NOTE: This section is only required if you are completing Yr 12 or equivalent)

(To be completed by a Guidance Officer or other appropriate school representative)

Please read the applicant statement and comment appropriately.

1. Days absent as a result of this condition: Year 11: _____ Year 12: _____ Other: _____

2. Please describe the impact of this medical condition/disability on the applicant's academic performance. You may wish to include your statement as an attachment.

3. Indicate any adjustments made for this student:

No adjustments made

Additional time to complete tasks

Extensions for assignments

Exemption from assessment

Re-scheduling exams

Counselling/school support

Variable Progression Rate

Alternative arrangements for exams

Specialised equipment for disability

Reader/scribe for physical impairment

Variation in tasks for sensory/physically impaired

Modified curriculum

Learning Plan in place

Other _____

4. What was the extent of this adjustment?

Applied to all subjects

Other _____

5. Taking into account the adjustments made above, what was the severity of impact on the student's academic performance. Please consider whether this instance is less or more serious than other students applying under this category, and apply ratings accordingly (**please mark X on line below**).

Severity of Impact on school performance after above allowances/provisions have been made

No impact	Limited	Minor	Moderate	Mod/severe	Severe	Severe/ profound	Very profound
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Documentation attached

Name of education provider: _____ Suburb/Town: _____

School representative: _____ Position: _____

School representative to sign: _____ Date completed: _____

Please have the **PATIENT STATEMENT** on page 3 of this document completed by your Primary Health Care Provider.

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PATIENT STATEMENT

(health care professional to complete – applicants must not write in this section)

1. Medical condition/disability: _____

Date of diagnosis: _____

Describe the condition affecting the patient:

How long has the patient been affected by the medical condition/disability?

Less than 6 months

1–2 years

5–10 years

6–11 months

2–4 years

Life long

To your knowledge, what treatment has the patient received?

Name and class of medication (if relevant) _____

How long has the patient been receiving treatment? _____

How often has this treatment been? daily/weekly/monthly/irregularly/other _____

When did this treatment end? _____

2. Indicate the impact of the medical condition/disability on the patient's ability to study by ticking the appropriate box:

Extreme

Slight

Considerable

Not at all

Moderate

Please describe the nature of the impact (eg Jessie would have had trouble concentrating.)

3. Details of registered health professional

(medical practitioner, psychiatrist, psychologist or specialist **not related to the applicant**)

Name of health care professional: _____

Position/occupation: _____ Reg/Provider No: _____

Name of organisation (eg Mater Hospital): _____

Signature: _____ Date: _____

Attach this to documentation and return to QTAC

Upload your documentation to your online application at <https://applications.qtac.edu.au>