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

<table>
<thead>
<tr>
<th>Unit Code</th>
<th>Unit Title</th>
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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>
</tr>
<tr>
<td>2.</td>
<td></td>
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</tbody>
</table>

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.)

<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 falling 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>
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**Educator Assessment Unit 1**

<table>
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<tr>
<th>Agreed units to be supported through ITAS Assistance</th>
<th>Requested Tuition Hours (max 2 hours per week per unit)</th>
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<td>Unit Code</td>
<td>Unit Name</td>
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*Please give specific details about the student’s learning needs and the areas of support required:*

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

*Tuition Not Supported – please specify:*

____________________________________________________________________________________________
____________________________________________________________________________________________
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<table>
<thead>
<tr>
<th>Educator Name:</th>
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<tbody>
<tr>
<td>Position:</td>
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<tr>
<td>Signature:</td>
</tr>
<tr>
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Tuition Not Supported – please specify:
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Does the student fall under one of the below categories

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☐ 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.

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Educator Assessment Unit 2

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

*Tuition Not Supported – please specify:*
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

| Educator Name: | |
|----------------||
| Position:      | |
| Signature:     | |
| Date:          | |
**Does the student fall under one of the below categories**

- **☐** The student is failing the course/unit and you believe that the student’s performance would be improved through additional tuition.
- **☐** The student is just passing the course and you believe that the student’s performance would be improved through additional tuition.
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### Educator Assessment Unit 3

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

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

**Tuition Not Supported – please specify:**

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

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**Educator Name:**

**Position:**

**Signature:**

**Date:**
**Educator Assessment Unit 4**

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

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____________________________________________________________________________________________
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____________________________________________________________________________________________

*Tuition Not Supported – please specify:*

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

**Educator Name:**

Position:

Signature:

Date: