

SECTION D: APPLICANT'S SIGNATURE AND DECLARATION

I agree to obey the policies, guidelines and rules of the University of the Sunshine Coast as far as they may apply to me. I declare that the information supplied herein is correct and complete. I authorise the University to obtain official records from any other educational institution previously attended by me, and acknowledge that the University reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information. If any information is discovered to be untrue or misleading in any respect, I understand that the University may collect, store and disclose this information to the Australian Vice-Chancellors Committee (AVCC), AVCC member institutions and any other relevant authority.

The University of the Sunshine Coast uses email and/or mail to communicate administrative matters to students. I agree to check my university email account on a regular basis and to maintain current mailing address details on Solar.

The University of the Sunshine Coast is collecting the information on this form to carry out its functions under the *University of the Sunshine Coast Act 1998*. The University may disclose some, or all of this information, to appropriate agencies if required including to the Commonwealth Department of Education, Science and Training, the Australian Taxation Office, etc. For more information, the University's Privacy Plan is available at <http://www.usc.edu.au/privacyplan>

I understand that:

- the University of the Sunshine Coast is not responsible for the documents submitted, and the documents become the property of the University
- on entry to the program I will be required to obtain a Working with Children Suitability Card which involves a criminal history check carried out by the Commission for Children and Young People and Child Guardian
- the program requires me to undertake 75 days of professional workplace learning in school settings and the wider community.

Applicant's Signature _____ Date _____

OFFICE USE ONLY

ACTION	DATE	POSITION	INITIALS	COMMENTS/APPROVAL
Application Received		Program Adviser, Education		
Academic Transcript Provided		Program Adviser, Education		
Academic Qualification Evaluation		Relevant Faculty Adviser		
Application Approved/Denied		Professor of Education		