ADELAIDE UNIVERSITY NORTHERN COMMUNITY CARE STREAM – EDUCATION VERIFICATION FORM

Instructions to applicants completing the Northern Community Care Stream Education Verification Form.

This form is used by Adelaide University to check that you meet the specific eligibility requirements for the Northern Community Care Stream (NCCS) for the Bachelor of Medical Studies and Doctor of Medicine. In particular, the form will ensure that by the end of the current calendar year, you will have completed your final three years of secondary school education at a school located in one (or more) of the postcodes listed in the "eligible postcode areas" noted below. Please note, for this pathway, it is the location of your school(s), rather than your residential address which defines your eligibility.

5010, 5012, 5013, 5084, 5085, 5093, 5094, 5095, 5096, 5098, 5106, 5107, 5108, 5109, 5110, 5111, 5112, 5113, 5114, 5115, 5116, 5117, 5118, 5120, 5121, 5125

Before proceeding, you should first make sure that you have carefully reviewed the eligibility criteria for the program, to make sure you qualify to be considered for this this stream. Full details of these are outlined in the Medicine Admissions Guide, available at https://adelaide.edu.au/study/degrees/bachelor-of-medical-studies/#section-how-to-apply. Failure to read the Admissions Guide will not be grounds for special consideration.

About this form

There are four parts to this form (Part A, Part B, Part C and Part D). You (the applicant) are required to complete Parts A, B and C. Part D needs to be completed by a School Principal or Deputy Principal.

- **Part A** asks you a series questions to assess your eligibility for the NCCS.
- **Part B** requires you to provide a complete summary of your secondary-school education during the qualifying period (i.e. your final three years of secondary school education).
- **Part C** asks you to declare in front of an authorised witness that the information that you have provided in both Part A and Part B is true, complete and accurate. A full list of authorised witnesses is included on page 6 and 7 of this form
- **Part D** must be completed and signed by your School Principal or Deputy Principal.

Please note, if you attended more than one school in your final 3 years of secondary school, you must provide a separate completed Part D form for each school that you attended during this time.

Before giving Part D to your school Principal (or Deputy Principal), you should first complete the applicant details (your name and date of birth) at the beginning of that section. The Principal or Deputy Principal can then complete the remainder of Part D using the school's official records.

Your completed forms (Parts A, B, C and D) must cover your entire qualifying period. If you do not provide all required details your statutory declaration will not be accepted. Providing this form does not, by itself, establish eligibility for the NCCS. Eligibility will be determined in accordance with the published admission requirements.

Uploading your form to SATAC

This form must be uploaded into your mySATAC application as soon as possible after adding this course to your preferences. If this form is not received within five business days of the application closing date, you will not be considered for this course. The form must confirm that you meet the eligibility criteria outlined above. Any applications found to include fraudulent documents or claims that are found to be untrue may result in an offer being withdrawn.

If you need help, or have any questions

Please contact the Domestic Admissions team (https://adelaide.edu.au/study/enquire/)

PART A: TO BE COMPLETED BY THE APPLICANT

Applicant details

Full legal name (as shown on SATAC application):_____

Given name(s):_____

Surname: _____ Date of birth __ __ / __ __ / __ __ __ __

Have you previously been known by any other names?

☐ No

☐ Yes - If yes, please note: _____

SATAC application reference number:_____

Applicant contact details

Preferred contact telephone number: _____

Preferred contact email address: _____

Home address: _____

_____ State: _____ Postcode: __ __ __ __

Question 1: To be eligible for the Northern Community Care Stream (NCCS), you must have completed your final three years of secondary school education at a school located within the eligible postcode areas outlined in the Medical Studies Admissions Guide. Do you meet that requirement?

☐ No *(Please review the eligibility criteria for the NCCS before proceeding. If you believe you are eligible despite selecting 'No' here, please contact the Domestic Admissions Team to clarify your eligibility)*

☐ Yes

Question 2: Are you currently enrolled in one or more SACE Stage 2 (or equivalent) subjects?

☐ No

☐ Yes – I am currently enrolled as a **full-time student** and expect to complete my secondary school education by the end of the current calendar year.

☐ Yes – I am currently enrolled as a **part-time student** and expect to complete my secondary school education by the end of the current calendar year.

Question 3: Do you expect to have met the requirements for the South Australian Certificate of Education (or equivalent) and attained an ATAR by the end of the current calendar year?

☐ No *(Please note to be considered for the NCCS, you will need an ATAR. If you do not expect to have an ATAR by the end the current calendar year, please contact Domestic Admissions to clarify your eligibility for this pathway)*

☐ Yes

Question 4: Do you have a prior Higher Education (i.e. University) record?
Please see footnote below for further information what defines a 'Higher Education record', if required.[1]

☐ No
☐ Yes *(Please review the eligibility criteria for the NCCS. Applicants with a prior higher education record are not eligible for the NCCS pathway. Please review the eligibility criteria before continuing with your application)*

Question 5: Did you complete any of your final three years of education through home schooling?

☐ No
☐ Yes *(Please review the eligibility criteria for the NCCS. Only applicants who were enrolled at a secondary school within the eligible catchment area for all three final years of their secondary education are eligible for consideration for the intake in this pathway)*

Question 6: Did you undertake any part of your final three years of secondary school education on a part-time basis?

☐ No – I studied full-time throughout this period
☐ Yes – I studied part-time during one or more of these years.

If yes, please provide the following information for each year in which you studied part-time:

- *the year level;*
- *the period during which you studied part-time; and*
- *approximately how much of a normal full-time study load you completed—for example, the number of days per week you attended, the number of subjects you studied, or the approximate percentage of a full-time study load.*

Question 7: Did you complete any of your final three years of secondary school education across more than one school campus? *Please note, this question is mostly relevant for students who attended a school with multiple campus locations.*

☐ No – the last three years of my secondary school education have all been at one location, which was based in one of the eligible catchment postcodes.
☐ Yes – However, in <u>every year</u> of my final three years of secondary school, I was physically based in one of the eligible catchment postcodes for at least 80% of my schooling.
☐ Yes – However, for one (or more) of my final three years of secondary school, I **was not** physically based in one of the eligible catchment postcodes for 80% (or more) of my schooling.

Please note, if you selected this final option, you should review the eligibility criteria for the NCCS, and check with future student enquiries before applying, to determine if you are indeed eligible

[1] A Higher Education record is defined as having enrolled in a bachelor degree or higher-level program at an Australian or overseas university and remaining enrolled in at least one course beyond its applicable census date.

PART B: APPLICANT'S SUMMARY OF SENIOR SECONDARY SCHOOL EDUCATION (to be completed by applicant)

Please complete the table below. Your completed response should clearly show where you studied for each of these years.

Year Level	**School name**	**School Address** ***(campus where you studied)***	**School postcode**	**Start date** ***(month and year)***	**End Date** ***(month and year)***	**Comments** (e.g. relating study across multiple campuses or part-time study)
10						
11						
12						
13 (only if relevant)						

Please note: If you do not provide all required details your statement not be accepted.

Additional Comments: *(Optional)*

PART C: APPLICANT STATUTORY DECLARTION

How to complete this section:
Part C needs to be signed by the applicant, **in front of an 'authorised witness'**. A full list of potential authorised witnesses is included on page 6 and 7, however, it may be helpful to note that a teacher employed on a permanent full-time or part-time basis at a school is authorised to witness this for you.

Applicant declaration

I do solemnly and sincerely declare that the information I have provided in Parts A and B of this Education Verification Form is true, complete and accurate to the best of my knowledge. I have disclosed every school and campus I attended during the qualifying period (i.e. my final three years of secondary school education) and have not knowingly omitted any information.

I declare that the contents of this statutory declaration are true to the best of my knowledge, information and belief and I understand that making a false statutory declaration is a criminal offence.

I understand that the University may contact the schools identified in this form to verify the information provided. I acknowledge that an application containing fraudulent documents, false or misleading information, or claims subsequently found to be untrue may be excluded from consideration. If an offer has already been made, the offer may be withdrawn.

Applicant's full legal name: _____

Applicants signature: _____
All signatures on this form must be handwritten. Digital signatures will not be accepted.

Declared at (place): _____ on (date) __ __ / __ __ / __ __ __ __

Witness to complete:

Before me (witness' signature): _____
All signatures on this form must be handwritten. Digital signatures will not be accepted.

Witness' full legal name: _____

Witness' address: _____

_____ State: _____ Postcode: __ __ __ __

Authority of witness: _____
(Please refer to page 6 and 7 for full list of authorised witnesses)

Date signed (DD/MM/YYYY): __ __ / __ __ / __ __ __ __

- Note 1: A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years – see section 11 of the Statutory Declarations Act 1959
- Note 2: Chapter 2 to the Criminal Code applies to all offences against the Statutory Declarations Act 1959 – see section 5A of the Statutory Declarations Act 1959

LIST OF AUTHORISED WITNESSES AS PER THE STATUTORY DECLARATIONS REGULATIONS 2018

1. a person who is currently licensed or registered under a law of a state or territory to practise in one of the following occupations:

- architect
- midwife
- patent attorney
- chiropractor
- migration agent registered
- under Division 3 of Part 3
- of the Migration Act 1958
- pharmacist
- dentist
- physiotherapist
- financial adviser or
- financial planner
- nurse
- psychologist
- legal practitioner
- occupational therapist
- trade marks attorney
- medical practitioner
- optometrist
- veterinary surgeon

2. a person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described), or
3. a person who is in the following list:

- Accountant who is:
  a) A fellow of the National Tax Accountants' Association, or
  b) a member of any of the following:
     i. Chartered Accountants Australia and New Zealand
     ii. the Association of Taxation and Management Accountants
     iii. CPA Australia
     iv. the Institute of Public Accountants
- agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- APS employee engaged on an ongoing basis with 5 or more years of continuous service who is not specified in another item of this Part
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bailiff
- bank officer with 5 or more continuous years of service
- building society officer with 5 or more years of continuous service
- chief executive officer of a Commonwealth court
- clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- credit union officer with 5 or more years of continuous service
- employee of a Commonwealth authority engaged on a permanent basis with 5 or more years of continuous service who is not specified in another item in this Part
- employee of the Australian Trade and Investment Commission who is:
  a) in a country or place outside Australia, and
  b) authorised under paragraph 3(d) of the Consular Fees Act 1955, and
  c) exercising his or her function in that place
- employee of the Commonwealth who is:
  a) in a country or place outside Australia, and
  b) authorised under paragraph 3(c) of the Consular Fees Act 1955, and
  c) exercising his or her function in that place

- engineer who is:
  a) a member of Engineers Australia, other than at the grade of student, or
  b) a Registered Professional Engineer of Professionals Australia, or
  c) registered as an engineer under a law of the Commonwealth, a state or territory, or
  d) registered on the National Engineering Register by Engineers Australia
- finance company officer with 5 or more years of continuous service
- holder of a statutory office not specified in another item in this list
- judge
- Justice of the Peace
- magistrate
- marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- master of a court
- member of the Australian Defence Force who is:
  a) an officer, or
  b) a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service, or
  c) a warrant officer within the meaning of that Act
- member of the Australasian Institute of Mining and Metallurgy
- member of the Governance Institute of Australia Ltd
- member of:
  a) the parliament of the Commonwealth, or
  b) the parliament of a state; or
  c) a territory legislature, or
  d) a local government authority
- minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- notary public, including a notary public (however described) exercising functions at a place outside:
  a) the Commonwealth, and
  b) the external territories of the Commonwealth
- permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is
- employed in an office supplying postal services to the public
- permanent employee of:
  a) a state or territory, or a state or territory authority, or
  b) a local government authority with 5 or more years of continuous service, other than such an employee who is specified in another item of this Part
- person before whom a statutory declaration may be made under the law of the state or territory in which the
- declaration is made
- police officer
- registrar, or deputy registrar, of a court
- senior executive employee of a Commonwealth authority
- senior executive employee of a state or territory
- SES employee of the Commonwealth
- sheriff
- sheriff's officer
- teacher employed on a permanent full-time or part-time basis at a school or tertiary education institution.
- A veterinary surgeon

PART D: SCHOOL VERIFICATION (to be completed by School Principal or Deputy Principal)

Applicant's details

Full legal name: _____

Applicant's date of birth (DD/MM/YYYY): __ __ / __ __ / __ __ __ __

School details

School Name: _____

School address: _____

_____ Postcode: __ __ __ __

Note: for schools with multiple campuses, please cite the campus location where the student was physically based for the majority of their time, whilst studying with your school (for years 10, 11, 12 and 13, as applicable).

Details of applicant's enrolment and attendance at your school

Is the applicant currently enrolled in your school?

☐ Yes – as a full-time student ☐ Yes – as a part-time student ☐ No

Please list the dates the applicant was enrolled in and attended your school *(month and year)***:**

From _____ To _____

Note: if the applicant is currently enrolled as a student in your school and expected to complete their secondary school education study at the end of the current calendar year, please enter December of the current calendar year as the end date.

Which of the following year levels did (or will) the applicant complete at your school? (select all relevant)

☐ Year 10 ☐ Year 11 ☐ Year 12 ☐ Year 13 (if applicable)

In any of the year levels noted above, did the applicant complete ≥20% of their education physically based in a postcode <u>not listed</u> below?

5010, 5012, 5013, 5084, 5085, 5093, 5094, 5095, 5096, 5098, 5106, 5107, 5108, 5109, 5110, 5111, 5112, 5113, 5114, 5115, 5116, 5117, 5118, 5120, 5121, 5125

☐ No – The applicant was based within one (or more) of these eligible postcode areas, for at least 80% of each year named above.

☐ Yes – the applicant spent ≥20% of their time, for at least one year, in a postcode area <u>not listed</u> above.

Please note: For an applicant to be considered for the Northern Community Care Stream, they must <u>not</u> have completed more than 20% of their study outside of the postcodes named above in any of the qualifying years (i.e. years 10 – 13).
If you have selected yes, please describe this below (i.e. location, year level, time spent outside of the areas above etc.)

Do you have any other comments you wish to make, relevant to any of the questions noted above?

Details and role of person completing this form (Principal or Deputy Principal)

Full name (including preferred title): _____

Your role: ☐ Principal ☐ Deputy Principal

Preferred contact telephone number: _____

Preferred contact email address: _____

School declaration

I confirm that I am the Principal or Deputy Principal of the school identified in this form and am authorised to provide this verification. To the best of my knowledge, and having regard to the school's official records, the information provided in this form is true, complete and accurate.

Signature

All signatures on this form must be handwritten. Digital signatures will not be accepted.

Date signed (DD/MM/YYYY): __ __ / __ __ / __ __ __ __

School stamp, if available