

☐ certified copy of official academic transcript

 $\square$  copy of current CV  $\hfill\square$  Invited for interview

Comments:

□ proof of identity (photo ID or drivers licence or passport)

Wirringka Student Services
Tutoring & Mentoring for Aboriginal and Torres Strait Islander Tertiary Education Students (TMATSITES)

## **Aboriginal Tutorial Program (ATP)**

## **Tutor Application**

First name									Family Name						
Title									Gender	☐ Male	☐ Female	)			
Contact details															
Street number & name:									Do you identify			□ Yes			
Suburb:									Australian Aboriginal and						
State:									Strait Islander?	1					
Postcode:															
Mobile:									Qualification(s	s)					
Telephone:							Or work related								
Email:									experience:						
If you are matched with a student, we will be in touch with you. How would you like to be contacted?															
☐ Mobile ☐ Telephone ☐ Email															
Child-related															
employment	, ,						_	each	ner □ a currently serving police officer □ OR						
Screening	do you possess a								or — a carreinly corning period circuit — or						
clearance	current DCSI NCHRC clearance for Working with Children in South Australia?									stralia?					
	T1 1 1 1 1 1 1 1 1 1 1 1 1 1														
	The university requires all personnel in prescribed positions to obtain a chi related employment							cniia-							
	screening determining that you are fit to work with children. The screening must be														
					undertaken by										
	the South Australian Department of Communities and Social Inclusion (DCSI)														
	Screening Unit														
Please include these documents	☐ certified copy of your official academic transcripts														
with your application or bring		proof of identity (photo ID or drivers licence or passport)													
them along to your intervi	□ current CV														
<b>G</b> ,		□ DCSI screening clearance letter or teacher registration													
Please read and sign the following declara	tion.														
I declare that the information provided on this	nplete and c	lete and correct.						Applicant Signature or type name if emailing							
I understand that:								Applicant dignature of type name if emailing							
completion of this form does not guarantee work;      personal information on this form will assist in matching students to tutors:															
<ul> <li>personal information on this form will assist in matching students to tutors;</li> <li>the giving of false and misleading information is a serious offence</li> </ul>							Г	Date							
I acknowledge that the University	and otherwi	nd otherwise treat my personal information					_								
contained in this form in accordance with the University's <i>Privacy Policy, located at</i>															
http://www.unisa.edu.au/About-UniSA/Governance-and-management-structure/Privacy/															
<ul> <li>I Understand that the University may disclose this information to Commonwealth, State or Territory agencies where required by law or for program monitoring purposes</li> </ul>															
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Office Use Only															
Document checklist – Aborig	inal Stu	ıdent Er	ngage	men	t Off	icer	to co	mple	ete	Name		Date			